

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

## SOUTHERN CALIFORNIA SWIMMING 2019 ATHLETE REGISTRATION APPLICATION

REG. DATE/LSC USE ONLY

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:  LAST NAME		LEGAL FIRST NAME		MIDDLE NAME	
PREFERRED NAME	DATE OF BIRTH (MO/DAY	//YR) SEX (M/F) AGE CLUB CODE	NAME O	F CLUB YOU REPRESENT	
(Bill, Beth, Scooter, Liz, Bobby) GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRS		ted with a club, ent		IAME
	MAILING ADDRESS				
			u.s	. CITIZEN: ☐ YES ☐ N	10
CIT	Y	STATE ZIP CODE			
		_		E YOU A MEMBER OF ANOT DERATION? ☐ YES ☐ NO	HER FINA
AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRES	S		
			IF 1	YES, WHICH FEDERATION:	
OPTIONAL		MAKE CHECK PAYABLE TO:		HAVE YOU REPRESENTED THAT	
DISABILITY:  ☐ A. Legally Blind or Visually Impaired	RACE AND ETHNICITY (You may check up to two choices):			DERATION AT INTERNATION MPETITION? ☐ YES ☐ NO	
□ B. Deaf or Hard of Hearing	Q. Black or African American				
C. Physical Disability such as amputation, cerebral palsy,	☐ R. Asian ☐ S. White	MAIL APPLICATION & PAYMENT TO:	_	2019 REGISTRAT	ION FEE
dwarfism, spinal injury,	☐ T. Hispanic or Latino	Southern California Swimming 28000 S. Western Ave. #226	3	Sept. 1, 2018 through I	Dec. 31, 2019
mobility impairment  ☐ D. Cognitive Disability such as	<ul><li>□ U. American Indian &amp; Alaska Native</li><li>□ V. Some Other Race</li></ul>	San Pedro, CA 90732		USA Swimming Fee	\$60.00
severe learning disorder,	W. Native Hawaiian & Other Pacific	Email: officemanager@socals	wim.org	LSC Fee	
autism	Islander	310-684-1151		TOTAL DUE	\$68.00
HIGH SCHOOL STUDENTS – Year of high s	chool graduation:		Che	ck if you would like to learn more abo	ut the USA
		SA SWIMMING CLUB IN 2018, ENTER THAT	Swir	mming Foundation's initiatives	
CLUB CODE:LSC CODE:	AND THE DATE OF YOUR LAST CO	MPETITION REPRESENTING THAT CLUB:		ck if you would like to receive the element of the common state of	
BIGN			31111	ge. (mast be 10 years	s. ago or older)

DATE