



**USA SWIMMING**

NAME OF MEET/DATE(S)

**WEST NECK SWIM 08.06.17**

**2017 SINGLE-MEET OPEN WATER ATHLETE APPLICATION**

**LSC: Metropolitan Swimming, Inc.**

**THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.**

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

(Bill, Beth, Scooter, Liz, Bobby) GUARDIAN #1 LAST NAME	/GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS

OPTIONAL	
<b>DISABILITY:</b> <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment <input type="checkbox"/> D. Cognitive Disability such as severe learning disorder, autism	<b>RACE AND ETHNICITY</b> (You may check up to two choices): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander

U.S. CITIZEN:  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

IF YES, WHICH FEDERATION: \_\_\_\_\_

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION?  YES  NO

2017 REGISTRATION FEE	
USA Swimming Fee	\$10.00
LSC Fee	\$12.00
<b>TOTAL DUE</b>	<b>\$22.00</b>

HIGH SCHOOL STUDENTS – Year of high school graduation: \_\_\_\_\_

YEAR LAST REGISTERED: \_\_\_\_\_

SIGN HERE x \_\_\_\_\_

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN                      DATE

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

REG. DATE/LSC USE ONLY \_\_\_\_\_

**Fully execute (yellow highlighted areas) this form and hand in on race day. If you forget your form, a supply of blank forms will be available at check-in. \$22.00 insurance fee (in addition to event entry fee) will be collected during online event registration; you do not pay this fee on race day. Direct registration questions to Colleen Driscoll ([thewestneckswim@gmail.com](mailto:thewestneckswim@gmail.com) or 516-459-3814).**