



LSC:

REG. DATE / OFFICE 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 OF CLUB YOU REPRESENT

FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.

U.S. CITIZEN?  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

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

- DISABILITY:**
- A. Legally Blind or Visually Impaired
  - B. Deaf or Hard of Hearing
  - C. Physical Disability *such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment*
  - D. Cognitive Disability *such as mental retardation, severe learning disorder, autism*

- RACE AND ETHNICITY** (You may make up to two choices if appropriate):
- Q. Black or African American
  - R. Asian
  - S. White
  - T. Hispanic or Latino
  - U. American Indian & Alaska Native
  - V. Some Other Race
  - W. Native Hawaiian & Other Pacific Islander

**MAKE CHECK PAYABLE TO:**

**Colorado Swimming, Inc**

**MAIL APPLICATION & PAYMENT TO:**

**Colorado Swimming, Inc**  
**P O Box 4181**  
**Pueblo, CO 81003**  
**E-Mail [j.kralik@comcast.net](mailto:j.kralik@comcast.net)**  
**1-800-242-SWIM**

REGISTRATION FEE	
USA Swimming Fee	\$44.00
LSC Fee	10.00
<b>TOTAL DUE</b>	<b>54.00</b>

*USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.*

YEAR LAST REGISTERED \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2007, ENTER THAT CLUB CODE \_\_\_\_\_ LSC CODE \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB \_\_\_\_/\_\_\_\_/\_\_\_\_.

**SIGN**  
HERE x \_\_\_\_\_  
**SIGNATURE OF ATHLETE, PARENT OR GUARDIAN**

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES