

United States Swimming- Potomac Valley Swimming

PLEASE PRINT * COMPLETE ALL INFORMATION

2001 ATHLETE REGISTRATION APPLICATION

This card valid until 12-31-01

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____ DATE OF BIRTH ____/____/____ SEX (M/F) _____ AGE _____

PREFERRED NAME _____

MAILING ADDRESS _____ AREA CODE _____ TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____

OTHER SWIMMING AFFILIATIONS

(circle all that apply):

0. Junior High School
1. Senior High School
2. YMCA / YWCA
3. College
4. Summer Swim League
5. Masters
6. Disabled Sports Organization
7. Water Polo
9. None

DISABILITY

(circle all that apply):

- A. 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

ETHNICITY (In accordance with US Census Bureau)

(circle all that apply):

- Q. African American
- R. Asian or Pacific Islander
- S. Caucasian
- T. Hispanic
- U. Native American
- V. Other
- W. Decline

U.S. CITIZEN?

YES NO

DUAL CITIZEN?

YES NO

IF DUAL CITIZEN OR NON-CITIZEN, ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?

YES

NO

☐☐

MAKE CHECK PAYABLE TO: _____

(Your club or if UN - Potomac Valley Swimming)

SUBMIT APPLICATION & PAYMENT TO YOUR CLUB

OR IIF UNATTACHED MAIL TO:

Potomac Valley Swimming

Email registration files to pvadmn@pvswwm.org

P.O. Box 313

Washington Grove, MD 20880-0313

301 840-5955

Registration Date

PVS Office Use Only

If joining to participate in a learn to swim program, please check here: ☐

Year last registered _____ If registered with a different USA Swimming Club in 2000 enter

That club code _____ LSC Code _____ date of last competition representing that club ____/____/____

SIGN

HERE X _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

REGISTRATION FEE: \$50.00

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