United States Swimming- Potomac Valley Swimming PLEASE PRINT * COMPLETE ALL INFORMATION

2001 ATHLETE REGISTRATION APPLICATION

This card valid until 12-31-01

	<u> </u>					
LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	DATE OF I	BIRTH	SEX (M/F)	AGE
PREFERRED NAME	_					
MAILING ADDRESS			ARE	A CODE	TELEPHONE NU	JMBER
CITY		STATE	ZIP CODE		<u> </u>	
			U	.S. CITIZEN?	DUAL CIT	IZEN?
CLUB CODE NAME OF CL	UB YOU REPRESENT	·	IF		YES OR NON-CITIZE	•
OTHER SWIMMING AFFILIATIONS (circle all that apply): O. Junior High School 1. Senior High School 2. YMCA / YWCA 3. College DISABILITY (circle all that apply): (circle al			MEMBER OF ANOTHER FINA FEDERATION? YES NO MAKE CHECK PAYABLE TO: (Your club or if UN - Potomac Valley Swimming)			
5. Masters mobility im 6. Disabled Sports Organization D. Cognitive	Disability such as W. Decline tardation, sever learning		SUBMIT APPLICAT	ION & PAYMEN	0,	JB
			Potomac Valley Swi P.O. Box 313	-	_	s to pvadmn@pvswim.c / /
If joining to participate in a learn to swim prograi			Washington Grove, 301 840-5955	MD 20880-0313	F F	Registration Date PVS Office Use Only
That club codeLSC Code	ered with a different USA Swimming Club date of last competition representi			REGISTRA	ATION FEE:	\$50.00
SIGN HERE X						
SIGNATURE OF ATHLET						
United States Swimming- Potor			2001 ATHLETE This card valid u		ATION API	PLICATION
United States Swimming- Potor PLEASE PRINT * COMPLETE ALL II				ntil 12-31-01	ATION API	
United States Swimming- Potor PLEASE PRINT * COMPLETE ALL II	NFORMATION		This card valid u	ntil 12-31-01		
United States Swimming- Potor PLEASE PRINT * COMPLETE ALL II LAST NAME PREFERRED NAME	NFORMATION		This card valid un	/ BIRTH		AGE
United States Swimming - Potor PLEASE PRINT * COMPLETE ALL II LAST NAME PREFERRED NAME MAILING ADDRESS	NFORMATION		This card valid un	/ BIRTH	SEX (M/F)	AGE
United States Swimming - Potor PLEASE PRINT * COMPLETE ALL II LAST NAME PREFERRED NAME MAILING ADDRESS CITY	LEGAL FIRST NAME	MIDDLE NAME	This card valid un	A CODE S. CITIZEN?	SEX (M/F) TELEPHONE NU	AGE JMBER JZEN?
United States Swimming - Potor PLEASE PRINT * COMPLETE ALL II LAST NAME PREFERRED NAME MAILING ADDRESS CITY	NFORMATION	MIDDLE NAME	This card valid un DATE OF I ARE ZIP CODE U	A CODE S. CITIZEN? YES NO DUAL CITIZEN	TELEPHONE NU DUAL CIT YES OR NON-CITIZE	AGE JMBER JZEN? NO IN, ARE YOU A
United States Swimming - Potor PLEASE PRINT * COMPLETE ALL III LAST NAME PREFERRED NAME MAILING ADDRESS CITY CLUB CODE OTHER SWIMMING AFFILIATIONS (circle all that apply): (circle all that	LEGAL FIRST NAME LEGAL FIRST NAME ETHNICITY (In accordance with (circle all that apply): (circle all that apply): (sisually Impaired Q. African American ard of Hearing R. Asian or Pacific Islander Sisability such as S. Caucasian n, cerebral palsy, T. Hispanic spinal injury, U. Native American plasability such as W. Decline lardation, sever learning	MIDDLE NAME STATE	ARE ZIP CODE WAKE CHECK PAY (Your club or if UN - Pc	A CODE S. CITIZEN? YES NO DUAL CITIZEN YES CHARGE TO: tomac Valley Swim TION & PAYMEN	DUAL CITYES OR NON-CITIZE OTHER FINA FEL NO	AGE JMBER JZEN? NO IN, ARE YOU A DERATION?
United States Swimming - Potor PLEASE PRINT * COMPLETE ALL II LAST NAME PREFERRED NAME MAILING ADDRESS CITY CLUB CODE OTHER SWIMMING AFFILIATIONS (circle all that apply): Curcle all that apply): O. Junior High School 1. Senior High School 2. YMCA / YWCA 3. College 4. Summer Swim League 5. Masters 6. Disabled Sports Organization Congritive D. Cognitive D. Cognitive D. Cognitive D. Cognitive	LEGAL FIRST NAME LEGAL FIRST NAME THNICITY (In accordance with circle all that apply): (circle all that apply): (sually Impaired ard of Hearing R. Asian or Pacific Islander disability such as S. Caucasian n, cerebral palsy, T. Hispanic spinal injury, U. Native American papairment V. Other Disability such as W. Decline lardation, sever learning autism	MIDDLE NAME STATE	ARE ZIP CODE MAKE CHECK PAY (Your club or if UN - Potomac Valley Swi P.O. Box 313 Washington Grove,	A CODE A CODE S. CITIZEN? YES NO DUAL CITIZEN EMBER OF ANC YES Table TO: tomac Valley Swirt TION & PAYMEN ED MAIL TO: mming Ema	DUAL CITYES OR NON-CITIZED THER FINA FEED THER FINA	AGE JMBER JZEN? NO IN, ARE YOU A DERATION? JB Se to pvadmn@pvswim.or J Registration Date
United States Swimming - Potor PLEASE PRINT * COMPLETE ALL II LAST NAME PREFERRED NAME MAILING ADDRESS CITY CLUB CODE OTHER SWIMMING AFFILIATIONS (circle all that apply): (circle all that apply): (circle all that 2 pply): (circle all that 3 pply): (circle all that 2 pply): (circle all that 2 pply): (circle all that 2 pply): (circle all that 3 pply): (circle all that 3 pply): (circle all that 2 pply): (circle all that 3 pply): (circle all that 3 pply): (circle all that 2 pply): (circle all that 3 pply): (circle all that 4 pply	LEGAL FIRST NAME LEGAL FIRST NAME BETHNICITY (In accordance with circle all that apply): Issually Impaired and of Hearing R. Asian or Pacific Islander disability such as S. Caucasian, cerebral palsy, T. Hispanic spinal injury, U. Native American pagirment V. Other Disability such as W. Decline lardation, sever learning autism Mr., please check here. ered with a different USA Swimming Cluter of the property of the propert	MIDDLE NAME STATE n US Census Bureau b in 2000 enter	ARE ZIP CODE WAKE CHECK PAY (Your club or if UN - Potomac Valley Swi P.O. Box 313	A CODE S. CITIZEN? YES NO DUAL CITIZEN YES COMBER OF ANO YES TOMAC Valley Swim TION & PAYMEN ED MAIL TO: mming Ema	DUAL CITYES OR NON-CITIZE OTHER FINA FEL OTHER STAND TO YOUR CLU And The Standard	AGE JMBER JZEN? NO IN, ARE YOU A DERATION? JB s to pvadmn@pvswim.c / Registration Date VS Office Use Only
United States Swimming - Potor PLEASE PRINT * COMPLETE ALL II LAST NAME PREFERRED NAME MAILING ADDRESS CITY CLUB CODE OTHER SWIMMING AFFILIATIONS (circle all that apply): (circle all that apply): (circle all that 2 apply): (circle all that 3 apply): (circle all that 4 apply): (circle all that 4 apply): (circle all that 5 apply): (circle	LEGAL FIRST NAME LEGAL FIRST NAME BETHNICITY (In accordance with circle all that apply): Issually Impaired and of Hearing R. Asian or Pacific Islander disability such as S. Caucasian, cerebral palsy, T. Hispanic spinal injury, U. Native American pagirment V. Other Disability such as W. Decline lardation, sever learning autism Mr., please check here. ered with a different USA Swimming Cluter of the property of the propert	MIDDLE NAME STATE n US Census Bureau b in 2000 enter	ARE ZIP CODE MAKE CHECK PAY (Your club or if UN - Potomac Valley Swi P.O. Box 313 Washington Grove,	A CODE S. CITIZEN? YES NO DUAL CITIZEN YES COMBER OF ANO YES TOMAC Valley Swim TION & PAYMEN ED MAIL TO: mming Ema	DUAL CITYES OR NON-CITIZED THER FINA FEED THER FINA	AGE JMBER JZEN? NO IN, ARE YOU A DERATION? JB Se to pvadmn@pvswim.or J Registration Date