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

## 2002 ATHLETE REGISTRATION APPLICATION

This card valid until 12-31-02

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME	DATE OF BIRTH	SEX (M/I	AGE
	LEGALTINGTINAIVIL	MIDDLE NAME	DATE OF BIRTH	OLX (IVI/I	) AGE
PREFERRED NAME	_				
MAILING ADDRESS			AREA CODE	TELEPHONE I	NUMBER
CITY		STATE	ZIP CODE		
CLUB CODE NAME OF CLUB YOU REPRESENT		U.S. CITIZ YES NO IF DUAL C		NO	
1.     Senior High School     B.     Deaf of H       2.     YMCA / YWCA     C.     Physical       3.     College     amputatio       4.     Summer Swim League     dwarfism, mobility in       5.     Masters     mobility in       6.     Disabled Sports Organization     D.     Cognitive	//sually Impaired Q. African American and of Hearing R. Asian or Pacific Islander disability such as S. Caucasian or, cerebral palsy, spinal injury, palarment V. Other Disability such as W. Decline		MAKE CHECK PAYABLE TO (Your club or if UN - Potomac Vall) SUBMIT APPLICATION & P.	ey Swimming)	
7. Water Polo mental re 8. None disorder,	stardation, sever learning autism		OR IIF UNATTACHED MAIL Potomac Valley Swimming P.O. Box 313	TO:	es to pvadmn@pvswim.org
If joining to participate in a learn to swim progra	am, please check here. □		Washington Grove, MD 2088 301 840-5955		Registration Date PVS Office Use Only
Year last registeredIf regist That club codeLSC Code SIGN	tered with a different USA Swimming Clu date of last competition represen		REG	ISTRATION FEE:	\$50.00
United States Swimming- Potor	mac Valley Swimming		2002 ATHLETE REG	ISTRATION AF	
PLEASE PRINT * COMPLETE <u>ALL</u> II	NFORMATION		This card valid until 12-3		FLICATION
PLEASE PRINT * COMPLETE ALL II  LAST NAME	NFORMATION  LEGAL FIRST NAME				
PLEASE PRINT * COMPLETE ALL II  LAST NAME  PREFERRED NAME	_		This card valid until 12-3	31-02	
LAST NAME	_		This card valid until 12-3	31-02	F) AGE
LAST NAME PREFERRED NAME	_		This card valid until 12-3	SEX (M/I	F) AGE
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DISABILITY  CLUB CODE  OTHER SWIMMING AFFILIATIONS (circle all that apply): (circle all that apply): (circle all that 2): (circle all that 2): (circle all that 2): (circle all that 3): (circle all that 3): (circle all that 3): (circle all that 4): (circle all that 6): (circle all t	LEGAL FIRST NAME  LUB YOU REPRESENT  ETHNICITY (In accordance wit (circle all that apply): (sually Impaired and of Hearing R. Asian or Pacific Islander disability such as S. Caucasian on, cerebral palsy, spinal injury, U. Native American pagirment V. Other Ubisability such as W. Decline tardation, sever learning autism	STATE  th US Census Bureau  ab in 2001 enter	This card valid until 12-3	EN? DUAL CI O YES  ITIZEN OR NON-CITIZ OF ANOTHER FINA F YES NO O: ey Swimming)  AYMENT TO YOUR C TO: Email registration fil	TIZEN? NO ZEN, ARE YOU A EDERATION?  LUB es to pvadmn@pvswim.org // Registration Date