

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/F) _____ AGE _____

PREFERRED NAME _____

MAILING ADDRESS _____ AREA CODE _____ TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____

U.S. CITIZEN? DUAL CITIZEN?
 YES NO YES NO
 IF DUAL CITIZEN OR NON-CITIZEN, ARE YOU A
 MEMBER OF ANOTHER FINA FEDERATION?
 YES NO
☐ ☐

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 8. 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
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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@pvswim.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 2001 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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