United States Swimming-Potomac Valley Swimming

Year last registered

LSC Code

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

That club code

SIGN HERE X

2002 SEASONAL ATHLETE REGISTRATION APPLICATION

PVS Office Use Only

\$20.00

REGISTRATION FEE:

PLEASE PRINT * COMPLETE ALL INFORMATION This card valid 5-1-02 until 8-31-02 athlete may not participate in national or zone championship meets LAST NAME LEGAL FIRST NAME MIDDLE NAME DATE OF BIRTH SEX (M/F) AGE PREFERRED NAME MAILING ADDRESS AREA CODE TELEPHONE NUMBER CITY ZIP CODE STATE U.S. CITIZEN? **DUAL CITIZEN? CLUB CODE** NAME OF CLUB YOU REPRESENT YES NO YES NO IF DUAL CITIZEN OR NON-CITIZEN, ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ETHNICITY (In accordance with US Census Bureau OTHER SWIMMING AFFILIATIONS DISABILITY YES NO (circle all that apply):

O. Junior High School (circle all that apply): (circle all that apply): Blind or Visually Impaired Deaf of Hard of Hearing African American
Asian or Pacific Islander Senior High School 2. 3. YMCA / YWCA Physical disability such as Caucasian MAKE CHECK PAYABLE TO: College amputation, cerebral palsy, Hispanic (Your club or if UN - Potomac Valley Swimming) Summer Swim League dwarfism, spinal injury, Native American 4. 5. 6. 7. Masters Disabled Sports Organization mobility impairment
Cognitive Disability such as Other W. Decline SUBMIT APPLICATION & PAYMENT TO YOUR CLUB Water Polo mental retardation, sever learning OR IIF UNATTACHED MAIL TO: None disorder, autism Potomac Valley Swimming Email registration files to pvadmn@pvswim.org P.O. Box 313 If joining to participate in a learn to swim program, please check here. \Box Washington Grove, MD 20880-0313 Registration Date

_lf registered with a different USA Swimming Club in 2001 enter

date of last competition representing that club

301 840-5955