

USA Swimming - POTOMAC VALLEY
PLEASE PRINT * COMPLETE ALL INFORMATION

THIS REGISTRATION WILL BE VALID UNTIL 12-31-03

2003 ATHLETE REGISTRATION APPLICATION

Office Use Only

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

PREFERRED NAME _____ CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____

MAILING ADDRESS _____ AREA CODE _____ TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____
YEAR LAST REGISTERED ____ If you swam with another club in 2002, you must also complete
and submit the Potomac Valley Swimming Change/Transfer form
U.S. CITIZEN? YES ☐ NO ☐ DUAL CITIZEN? YES ☐ NO ☐

- DISABILITY:**
- A. Legally 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
guidelines, you may make up to 2 choices if appropriate):
- Q. African American
R. Asian or Pacific Islander
S. Caucasian
T. Hispanic
U. Native American
V. Other
W. Decline

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

**SUBMIT APPLICATION & PAYMENT TO YOUR CLUB
OR IF UNATTACHED MAIL TO**
*Potomac Valley Swimming,
P O Box 313
Washington Grove, MD 20880-0313
301-840-5955
E-mail: pvadmn@pvswim.org*

REGISTRATION FEE
USA Swimming Fee 25.00
LSC Fee 25.00
TOTAL DUE \$50.00

SIGN HERE **X** _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners.
Please Notify USA Swimming's Member Services Dept at 719.866.4578 if you do not wish to receive these mailings.