USA SWIMMING

2004 SEASONAL ATHLETE REGISTRATION APPLICATION
LSC: POTOMAC VALLEY SWIMMING

CHECK APPROPRIATE SEASONAL PERIOD:
☐ SEASON 1 ☐ SEASON 2

REGISTRATION DATE
OFFICE USE ONLY

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME | LEGAL FIRST NAME | MIDDLE NAME

PREFERRED NAME | DATE OF BIRTH (MO. DAY YR.) | SEX M-F | AGE | CLUB CODE | NAME OF CLUB YOU REPRESENT

IF UNATTACHED ENTER UN

MAILING ADDRESS

CITY | STATE | ZIP CODE

AREA CODE | TELEPHONE NO.

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 U.S. Census Bureau guidelines, you may make up to two choices if appropriate.):
- ☐ Q. African American
- ☐ R. Asian or Pacific Islander
- ☐ S. Caucasian
- ☐ T. Hispanic
- ☐ U. Native American
- ☐ V. Other
- ☐ W. Decline

MAKE CHECK PAYABLE TO:

POTOMAC VALLEY SWIMMING

MAIL APPLICATION & PAYMENT TO:

POTOMAC VALLEY SWIMMING
P.O. Box 3729
McLean, VA 22103-3729
E-Mail: register@pvswim.org
301/840-5955

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

REGISTRATION FEE	
USA Swimming Fee	$20.00
LSC Fee	7.50
TOTAL DUE	**$27.50**

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.

YEAR LAST REGISTERED_____

SIGN HERE **X**_____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN