USA SWIMMING 2016 SINGLE-MEET OPEN WATER ATHLETE APPLICATION

•	LSC:		
REG DATE / OFF USE ONLY NAME OF MEI	ET/DATE(S)	THIS MEMBERSHIP IS ONLY ZONE, SECTIONAL AND NATI	
PLEASE PRINT LEGIBLY COMPLETE ALL INFORMATIC	ON: LEGAL FIRST NAME	MIDDLE N	AME
PREFERRED NAME DATE OF BIRTH (MO.)	/DAY/YR.) SEX (M/F) AGE		
FATHER/GUARDIAN LAST NAME FATHER/GUARDIA	N FIRST NAME MOTHER/GUAR	RDIAN LAST NAME MOTHER/	GUARDIAN FIRST NAME
MAILING	GADDRESS		
СІТҮ		ZIP CODE	
AREA CODE TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADD	DRESS U.S. CITIZEN?	
DISABILITY: RACE AND ETHNICITY (You ma A. Legally Blind or Visually Impaired make up to two choices if appropriate):		ARE YOU A MEM FEDERATION? IF YES, WHICH FE	BER OF ANOTHER FINA
B. Deaf or Hard of Hearing Q. Black or African American C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment R. Asian D. Cognitive Disability such as mental retardation, severe learning disorder, autism V. Some Other Race			
YEAR LAST REGISTERED: SIGN HERE X	USA Swimming's I	ccasionally makes its membership list available t Member Services Dept. at 719/866-4578 if you o rould like to learn more about USA Swimming's o rould like to receive the electronic USA Swimmin	do not wish to receive these mailings. community initiatives

Please sign and return with check made payable to Hokie Aquatics to:

Jessica Simons 109 Reynard Drive Charlottesville, VA. 22901-2026