



USA SWIMMING

**2009 ATHLETE REGISTRATION APPLICATION
LSC: MISSISSIPPI SWIMMING**

REGISTRATION DATE
OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
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PREFERRED NAME	DATE OF BIRTH MO. DAY YR.	SEX M-F	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
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FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME
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MAILING ADDRESS

CITY	STATE	ZIP CODE
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AREA CODE	TELEPHONE NO.
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U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

- 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

- RACE AND ETHNICITY** (You may make up to two choices if appropriate):
- Q. Black or African American
 - R. Asian
 - S. White
 - T. Hispanic or Latino
 - U. American Indian & Alaska Native
 - V. Some Other Race
 - W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

MISSISSIPPI SWIMMING

MAIL APPLICATION & PAYMENT TO:

**Candace Loper
1038 Northpointe Drive
Jackson, MS 39211
Email: LOPERC@aol.com
601-956-4074 • FAX: 601-899-5790**

REGISTRATION FEE	
USA Swimming Fee	\$45.00
LSC Fee	5.00
TOTAL DUE	\$50.00

YEAR LAST REGISTERED _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ____/____/____.

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.

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES