



USA SWIMMING

**2005 ATHLETE REGISTRATION APPLICATION
LSC: POTOMAC VALLEY SWIMMING**

REGISTRATION DATE
OFFICE USE ONLY
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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____

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

MAILING ADDRESS _____ IF UNATTACHED ENTER UN

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.):
 C. 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@pvswwim.org
202/549-5750

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

REGISTRATION FEE	
USA Swimming Fee	\$41.00
LSC Fee	25.00
TOTAL DUE	\$66.00

YEAR LAST REGISTERED _____, IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2004, 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.
ANNUAL MEMBERSHIP DUES OF \$41.00 OR MORE INCLUDE \$2 FOR A 1-YEAR SUBSCRIPTION TO SPLASH.