


# 2010 Seasonal Athlete Application



**USA SWIMMING**

CHECK APPROPRIATE SEASONAL PERIOD:  
 SEASON 1    SEASON 2    INDIVIDUAL SEASON

**2010 SEASONAL ATHLETE REGISTRATION APPLICATION**  
**LSC: POTOMAC VALLEY SWIMMING**

REGISTRATION DATE  
OFFICE USE ONLY

*THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.*

**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 \_\_\_\_\_

FATHER/GUARDIAN LAST NAME \_\_\_\_\_ FATHER/GUARDIAN FIRST NAME \_\_\_\_\_ MOTHER/GUARDIAN LAST NAME \_\_\_\_\_ MOTHER/GUARDIAN FIRST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AREA CODE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ FAMILY/HOUSEHOLD E-MAIL ADDRESS \_\_\_\_\_

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:**  
**POTOMAC VALLEY SWIMMING**

**MAIL APPLICATION & PAYMENT TO:**  
 Potomac Valley Swimming  
 P.O. Box 3729  
 McLean, VA 22103-3729  
 Email: register@pvswim.org  
 202-549-5750

**REGISTRATION FEE**

USA Swimming Fee	\$26.00
LSC Fee	7.50
<b>TOTAL DUE</b>	<b>\$33.50</b>

YEAR LAST REGISTERED \_\_\_\_\_

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  
 Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)

## Additional Information

Check Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Cell: \_\_\_\_\_

- 2010 Seasonal Athlete Membership is valid from **04/05/2010 through 8/31/2010**
- A total registration fee of \$33.50 must be mailed with this application (checks only)

*Please read the following paragraph before you fill out the form:*

### **Potomac Valley Swimming Policy & Procedures Manual**

#### **A-13. USA Swimming Seasonal Memberships**

Potomac Valley Swimming has established a seasonal membership program which registers the athlete with USA Swimming from April 5th through August 31st. Seasonal memberships are offered at a reduced rate and allow the athlete to participate in all PVS meets during the designated months. Athletes may not compete as a USA Swimming athlete in another LSC or at higher level meets (Eastern Zone Championships or USA Swimming National Meets) under the seasonal membership program. Seasonal memberships are not transferable to another LSC.