

USA SWIMMING

If you are interested in purchasing a USA membership for your swimmer(s), please complete the registration form below. If you are not sure if you want a USA membership, talk to your coach.

The annual registration fee is \$56.00 and will be deducted from your Escrow account. Because this charge is beyond the escrow requirements, a check must accompany your USA registration form in order to process your application.

We will submit our team registration the first week of October; therefore the application and check must be received no later than 9/30/2009.

In order to register your swimmer for USA Swimming:

1. Complete the "2010 Athlete Registration Application" on the bottom of this form. (a separate form must be completed for each athlete)
2. Write a check for \$56 per athlete to CY Torpedoes
3. Return the completed application and check to:
 - a. The escrow folder at the YMCA
OR
 - b. Mail to
Annie Worobetz
4595 Atrium Ct
Mason OH 45040
4. Deadline to submit application: 9/30/2009

USA SWIMMING		2010 ATHLETE REGISTRATION APPLICATION			
REG. DATE / OFFICE USE ONLY		LSC: OH			
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
					CY
NAME OF CLUB YOU REPRESENT					
COUNTRYSIDE YMCA					
FATHER/GUARDIAN LAST NAME		FATHER/GUARDIAN FIRST NAME		MOTHER/GUARDIAN FIRST NAME	
MAILING ADDRESS					
CITY		STATE	ZIP CODE		
AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS		U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISABILITY: <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment <input type="checkbox"/> D. Cognitive Disability such as mental retardation, severe learning disorder, autism		RACE AND ETHNICITY (You may make up to two choices if appropriate): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander		MAKE CHECK PAYABLE TO: CY Torpedoes MAIL APPLICATION & PAYMENT TO: Annie Worobetz 4595 Atrium Ct Mason, OH 45050 OR Drop into Escrow Folder @ YMCA	
REGISTRATION FEE USA Swimming Fee \$46.00 LSC Fee \$10.00 TOTAL DUE \$56.00					
IF YES, WHICH FEDERATION: _____					
YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____					
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 719/666-4578 if you do not wish to receive these mailings. <input type="checkbox"/> Check if you would like to learn more about USA Swimming's community initiatives <input type="checkbox"/> Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)					