

USA Swimming - METROPLITAN

PLEASE PRINT * COMPLETE ALL INFORMATION

2005 ATHLETE REGISTRATION APPLICATION

THIS CARD WILL BE VALID UNTIL 12-31-03

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____ DATE OF BIRTH _____ / _____ / _____ SEX (M/F) _____ AGE _____

PREFERRED NAME _____

MAILING ADDRESS _____ AREA CODE _____ TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____

- 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 US Census Bureau guidelines, you may make up to 2 choices if appropriate):
- Q. African American
 - R. Asian or Pacific Islander
 - S. Caucasian
 - T. Hispanic
 - U. Native American
 - V. Other
 - W. Decline

U.S. CITIZEN? DUAL CITIZEN?
 YES NO YES NO

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

MAKE CHECK PAYABLE TO: _____
 (Your club or if UN - Metropolitan Swimming)

YEAR LAST REGISTERED _____ If you swam with another club in 2003, you must also complete and submit the Metropolitan Swimming Change/Transfer form

SIGN
 HERE **X** _____
 SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

SUBMIT APPLICATION & PAYMENT TO YOUR CLUB OR MAIL TO:

*Metropolitan Swimming, Inc
 19 Mt. Rainier Avenue
 Farmingville, N. Y. 11738
 631-736-6422*

Registration Date _____ / _____ / _____
 ISI Office Use Only

USA Swimming Fee	41.00
Metro Swimming Fee	10.00
TOTAL DUE	\$51.00

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.

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