



2004 ATHLETE REGISTRATION APPLICATION

LSC: ILLINOIS SWIMMING, INC.

REGISTRATION DATE
OFFICE USE ONLY

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

MAILING ADDRESS

IF UNATTACHED ENTER UN

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NO.

U.S. CITIZEN?
YES NO

DUAL CITIZEN?
YES NO

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

ETHNICITY (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)

- 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
- E. African American
- F. Asian or Pacific Islander
- G. Caucasian
- H. Hispanic
- I. Native American
- J. Other
- K. Decline

MAKE CHECK PAYABLE TO:
ILLINOIS SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:

ILLINOIS SWIMMING, INC.
P.O. Box 877
Aurora, IL 60507
EMAIL: illswimoffice@amerlatch.net
630/844-0476

REGISTRATION FEE	
USA Swimming Fee	\$40.00
LSC Fee	10.00
TOTAL DUE	\$50.00

YEAR LAST REGISTERED _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2003, 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 715-662-4278 if you do not wish to receive these mailings.
ANNUAL MEMBER DUES OF \$25.00 OR MORE INCLUDE \$2 FOR A 1-YEAR SUBSCRIPTION TO SPLASH