



2008 ATHLETE REGISTRATION APPLICATION
LSC: SOUTHERN CALIFORNIA SWIMMING

REGISTRATION DATE
OFFICE USE ONLY

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

FATHER/GUARDIAN LAST NAME _____ FATHER/GUARDIAN FIRST NAME _____ MOTHER/GUARDIAN LAST NAME _____ MOTHER/GUARDIAN FIRST NAME _____
IF UNATTACHED ENTER UN

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE _____ TELEPHONE NO. _____

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):
- G. 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:

SOUTHERN CALIFORNIA SWIMMING

MAIL APPLICATION & PAYMENT TO:

Southern California Swimming
P.O. Box 30530
Santa Barbara, CA 93130-0530
Email: scsmj@earthlink.net
800/824-6206 • 805/682-0135

REGISTRATION FEE	
USA Swimming Fee	\$44.00
LSC Fee	11.00
TOTAL DUE	\$55.00

YEAR LAST REGISTERED _____, IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2007, 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 714/866-6178 if you do not wish to receive these mailings.

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES

**2008 SOUTHERN CALIFORNIA SWIMMING REGISTRATION
NEW MEMBER INFORMATION**

PLEASE PRINT ALL INFORMATION
PLEASE **DO NOT** STAPLE CHECKS TO FORM

You **MUST** complete all information

Use **LEGAL** First Name on first line - Use your "PREFERRED SWIM NAME" (Name you use to enter meets) on the second line

NEW Registration: \$55, checks payable to Southern California Swimming

New Athletes UNDER 19 are required to provide GOVERNMENT CERTIFIED Birth Certificate (Passport, Alien Resident Card or Adoption Record also accepted). Please send RETURN ADDRESSED STAMPED ENVELOPE for your document. **COPIES, hospital certificates & baptismal records are NOT accepted**

Proof of birth date may be shown at an SCS meet - see Administrative Rules
Registration application must be received prior to the start date of the first entered meet.
Registration at a meet (on deck) is double (\$110) plus a \$15 Club fine

Questions: 800-824-6206 or 805-682-0135
SOUTHERN CALIFORNIA SWIMMING, PO BOX 30530, SANTA BARBARA, CA 93130