

USA Swimming - METROPOLITAN

2010 ATHLETE REGISTRATION APPLICATION

PLEASE PRINT \* COMPLETE ALL INFORMATION

THIS CARD WILL BE VALID UNTIL 12-31-10

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

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

- 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

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

**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

YEAR LAST REGISTERED \_\_\_\_\_ If you swam with another club in 2009, you must also complete and submit the Metropolitan Swimming Change/Transfer form

SIGN  
 HERE **X** \_\_\_\_\_  
 SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming Fee	46.00
Metro Swimming Fee	10.00
<b>TOTAL DUE</b>	<b>\$56.00</b>

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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