



REG. DATE / OFFICE USE ONLY

CHECK APPROPRIATE SEASONAL PERIOD:

SEASON 1 - April 1, 2007 - August 28, 2007

REGISTRATION DATE grid

THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.

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

FATHER'S LAST NAME, FATHER'S FIRST NAME, MOTHER'S LAST NAME, MOTHER'S FIRST NAME

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

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

- Q. African American
R. Asian or Pacific Islander
S. Caucasian
T. Hispanic
U. Native American
V. Other

MAKE CHECK PAYABLE TO:

Your club or If Unattached - ISI

MAIL APPLICATION & PAYMENT TO:

Your club or if Unattached - Iowa Swimming, Inc. 2715 Pioneer Ct Davenport, IA 52804-1099

REGISTRATION FEE table with rows for USA Swimming Fee (\$23.00), LSC Fee (\$8.00), and TOTAL DUE (\$31.00)

YEAR LAST REGISTERED

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 719/866-4578 if you do not wish to receive these mailings.

CHECK IF YOU WOULD BE INTERESTED IN MAKING A DONATION TO THE USA SWIMMING FOUNDATION ANNUAL FUND