

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 <small>IF UNATTACHED ENTER UN</small>								
CITY			STATE	ZIP CODE				
AREA CODE	TELEPHONE NO.							

U.S. CITIZEN?		DUAL CITIZEN?	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 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
-
-
- W. Decline

MAKE CHECK PAYABLE TO:
NORTH TEXAS SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:
 WITH COPY OF BIRTH CERT. OR EQUIV.
KAREN ROURKE
 1105 Normandy Dr.
 Southlake, TX 76092-7117
 EMAIL: swim.tex@verizon.net
 817/421-2151

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

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 719/866-4578 if you do not wish to receive these mailings.
 ANNUAL MEMBERSHIP DUES OF \$25.00 OR MORE INCLUDE \$2 FOR A 1-YEAR SUBSCRIPTION TO SPLASH.

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