



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

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/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

AREA CODE, TELEPHONE NO.

MAKE CHECK PAYABLE TO:

MINNESOTA SWIMMING, INC.

HAND DELIVER APPLICATION & PAYMENT TO:

THE MEET DIRECTOR

MEET DIRECTOR COMPLETE:

Host Team:

Date Application Received:

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):

- Q. 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

REGISTRATION FEE table with rows for USA Swimming Fee (\$44.00), LSC Fee (8.00), On Deck Surcharge (5.00), and TOTAL DUE (\$57.00)

YEAR LAST REGISTERED. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2007, YOU MUST SWIM UNATTACHED AT THIS MEET & TRANSFER TO YOUR NEW CLUB AFTER THE MEET.

HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN