2001 SEASONAL ATHLETE REGISTRATION APPLICATION

USA SWIMMING

LSC: POTOMAC VALLEY SWIMMING

CHECK APPROPRIATE SEASONAL PERIOD:

☐ SEASON 1 ☐ SEASON 2

REGISTRATION DATE
OFFICE USE ONLY

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME | LEGAL FIRST NAME | MIDDLE NAME

DATE OF BIRTH MO. DAY YR. | SEX M-F | AGE | PREFERRED NAME

MAILING ADDRESS

CITY | STATE | ZIP CODE

AREA CODE | TELEPHONE NO. | CLUB CODE | NAME OF CLUB YOU REPRESENT

U.S. CITIZEN? YES ☐ NO ☐

DUAL CITIZEN? YES ☐ NO ☐

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

OTHER SWIMMING AFFILIATIONS (check all that apply):

- ☐ 0. Junior High School
- ☐ 1. Senior High School
- ☐ 2. YMCA/YWCA
- ☐ 3. College
- ☐ 4. Summer Swim League
- ☐ 5. Masters
- ☐ 6. Disabled Sports Org.
- ☐ 7. Water Polo
- ☐ 8. None

DISABILITY:

- ☐ A. 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*

IF UNATTACHED ENTER UN

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:

POTOMAC VALLEY SWIMMING

MAIL APPLICATION & PAYMENT TO:

POTOMAC VALLEY SWIMMING
P.O. BOX 313
WASHINGTON GROVE, MD 20880-0313
E-MAIL: pvadmn@pvswim.org
301/840-5955

REGISTRATION FEE	$20.00

If joining to participate in a learn to swim program, please check here. ☐

YEAR LAST REGISTERED _____.

SIGN HERE X _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

SEASONAL