



REG. DATE / OFFICE USE ONLY

LSC: IN (membership valid 4.1.08 – 8.28.08)

CHECK APPROPRIATE SEASONAL PERIOD:

SEASON 1

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 who will then send in 1 check to Indiana Swimming. Only if you are UNATTACHED, should you make check payable to Indiana Swimming

MAIL APPLICATION & PAYMENT TO:

YOUR CLUB. If UNATTACHED, send to: Indiana Swimming, 201 S. Capitol Ave Suite 410, Indianapolis IN 46225

REGISTRATION FEE table: USA Swimming Fee \$24.00, IN Fee 5.50, TOTAL DUE \$29.50

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

YEAR LAST REGISTERED _____

SIGN HERE x _____ SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

This form should be completed for EVERY ATHLETE MEMBER of Indiana Swimming. This form is to stay with the CLUB. CLUBS are strongly urged to send emails with attached registration files that Hy-Tek's Team Manager can create. There is also a BATCH report to send along with payment. For TM e-registration processes/procedures, please see the FORMS section of the Indiana Swimming website (www.inswimming.org) – CLUB ADMINISTRATION – Team Manager e-Registration. MAKE SURE TO SELECT SEASON 1 in your Team Manager.

Only if you are a true unattached athlete (you do NOT belong to a club) should you send this completed form with the \$29.50 payment.

QUESTIONS?: Contact Lynn Kinstler at 317.237.5780 (Monday-Friday 9 am – 5 pm) or lynn@inswimming.org

In order to eliminate asking for duplicate information, the club can delete instructions above and utilize the bottom portion of this word document to ask for additional information from their members.