

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION (If you are registering for WCYM as a "YMCA Only" swimmer you may skip the yellow fields)

CLUB CODE

NAME OF CLUB YOU REPRESENT

W C Y M

Western CT YMCA Mako Swim Team

All Names must match those on birth certificate

SWIMMER 1

LAST NAME USA CITIZEN? Yes ___ No ___

LEGAL FIRST NAME

MIDDLE NAME

PREFERRED NAME

DATE OF BIRTH (MO./DAY/YR.)

SEX (M/F)

AGE (as of July 29, 2010)

SWIMMER IS ACTIVE Y MEMBER? (Required)

Yes ___ No ___ Exp. Date _____ or Monthly Draft ___

SIGNING UP FOR USA SWIMMING? Yes ___ No ___ YEAR LAST REGISTERED WITH USA SWIM: _____

SWIMMER 2

LAST NAME (If Different) USA CITIZEN? Yes ___ No ___

LEGAL FIRST NAME

MIDDLE NAME

PREFERRED NAME

DATE OF BIRTH (MO./DAY/YR.)

SEX (M/F)

AGE (as of July 29, 2010)

SWIMMER IS ACTIVE Y MEMBER? (Required)

Yes ___ No ___ Exp. Date _____ or Monthly Draft ___

SIGNING UP FOR USA SWIMMING? Yes ___ No ___ YEAR LAST REGISTERED WITH USA SWIM: _____

SWIMMER 3

LAST NAME (If Different) USA CITIZEN? Yes ___ No ___

LEGAL FIRST NAME

MIDDLE NAME

PREFERRED NAME

DATE OF BIRTH (MO./DAY/YR.)

SEX (M/F)

AGE (as of July 29, 2010)

SWIMMER IS ACTIVE Y MEMBER? (Required)

Yes ___ No ___ Exp. Date _____ or Monthly Draft ___

SIGNING UP FOR USA SWIMMING? Yes ___ No ___ YEAR LAST REGISTERED WITH USA SWIM: _____

FATHER/GUARDIAN LAST NAME

FATHER/GUARDIAN FIRST NAME

MOTHER/GUARDIAN LAST NAME

MOTHER/GUARDIAN FIRST NAME

FATHER CELL PHONE

FATHER WORK PHONE

MOTHER CELL PHONE

MOTHER WORK PHONE

FATHER EMAIL ADDRESS

(Indicate which single email address will be your primary family email address)

MOTHER EMAIL ADDRESS

___ Primary

___ Primary

SWIMMER HOME MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NO.

FATHER OR MOTHER OR GUARDIAN HOME MAILING ADDRESS - ONLY IF DIFFERENT THAN SWIMMER

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NO.

Are any of the swimmers members of a different FINA Federation? Yes No
If so list which swimmer and 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

USA Registration Fee will be deducted from your meet account - do not add any extra payments to your payment worksheet >>>>

FULL YR USA REGISTRATION FEE*

USA Swimming Fee \$26.00
LSC Fee \$ 6.50
TOTAL DUE \$32.50

Subject to change by USA and CT Swimming

IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT CLUB CODE: _____ LSC CODE: _____

YOU WILL ALSO NEED TO FILL OUT A USA TRANSFER / RELEASE FORM FOR EACH TRANSFERRING SWIMMER

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

SIGN HERE x _____
SIGNATURE OF PARENT OR GUARDIAN

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES

FOR MORE THAN 3 SWIMMERS – FILL THIS OUT

WCYM USA & YMCA SWIMMING LC 2010 ATHLETE REGISTRATION APPLICATION

SWIMMER 4	LAST NAME USA CITIZEN? Yes ___ No ___		LEGAL FIRST NAME		MIDDLE NAME	
	PREFERRED NAME		DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE (as of July 29, 2010)	SWIMMER IS ACTIVE Y MEMBER? (Required) Yes ___ No ___ Exp. Date _____ or Monthly Draft ___
	SIGNING UP FOR USA SWIMMING? Yes ___ No ___ YEAR LAST REGISTERED WITH USA SWIM: 					

SWIMMER 5	LAST NAME (If Different) USA CITIZEN? Yes ___ No ___		LEGAL FIRST NAME		MIDDLE NAME	
	PREFERRED NAME		DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE (as of July 29, 2010)	SWIMMER IS ACTIVE Y MEMBER? (Required) Yes ___ No ___ Exp. Date _____ or Monthly Draft ___
	SIGNING UP FOR USA SWIMMING? Yes ___ No ___ YEAR LAST REGISTERED WITH USA SWIM: 					

SWIMMER 6	LAST NAME (If Different) USA CITIZEN? Yes ___ No ___		LEGAL FIRST NAME		MIDDLE NAME	
	PREFERRED NAME		DATE OF BIRTH (MO./DAY/YR.)	SEX (M/F)	AGE (as of July 29, 2010)	SWIMMER IS ACTIVE Y MEMBER? (Required) Yes ___ No ___ Exp. Date _____ or Monthly Draft ___
	SIGNING UP FOR USA SWIMMING? Yes ___ No ___ YEAR LAST REGISTERED WITH USA SWIM: 					