Eagle Aquatic Team Registration Form: *Autumn, Winter & Spring 2009-2010*

P.O. Box. 9056, Salt Lake City, Utah 84109-0056

Swimmer's Name:

Address:

City: Zip: Home Phone:

Mother's Name: Work Phone: Cell Phone:

Father's Name: Work Phone: Cell Phone:

Email Address:

Level	Quarterly/Monthly Swimming Fee	Workout Times
Novice/Skyline	$150 per quarter / $55 per month	Mon-Fri 5:30-6:30 p.m. @ Skyline
Junior	$160 per quarter / $60 per month	Mon-Fri 4:30-6:00 p.m. Sat 9:00-10:30 a.m. @ Skyline
Senior	$175 per quarter / $65 per month	Mon-Fri 4:30-6:30 p.m. Sat 9:00-11:00 a.m. @ Skyline
National **Unattached (National)**	$180 per quarter / $70 per month $100 per quarter: occasional practices* & USA meets (*follow National Group times) $60 per quarter: USA Meets	Mon-Fri 2:30-4:30 p.m. Sat 9:00-11:00 a.m. @ Skyline
All Swimmers: Add $60.00 for 2010 USA Registration fee (Sep. 2009 to Dec. 2010)		
Total: **0** Dues + $60 (USA Reg. Fee) = **60.00** (Total Due)		

USA SWIMMING

REG. DATE / OFFICE USE ONLY

2010 ATHLETE REGISTRATION APPLICATION
LSC: UTAH SWIMMING, INC

PLEASE PRINT LEGIBLY — COMPLETE ALL INFORMATION:

LAST NAME **LEGAL FIRST NAME** **MIDDLE NAME**

PREFERRED NAME **DATE OF BIRTH** (MM/DD/YY) **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 **U.S. CITIZEN?** ◯ **YES** ◯ **NO**

CITY **STATE** **ZIP** ##### - #### **ARE YOU A MEMBER OF ANOTHER FINA FEDERATION** ◯ **YES** ◯ **NO**

IF YES, WHICH FEDERATION?

AREA CODE **TELEPHONE NUMBER** **FAMILY/HOUSEHOLD E-MAIL ADDRESS**

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 (2 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

MAKE CHECK PAYABLE TO: *Utah Swimming*

MAIL APPLICATION & PAYMENT TO:
Utah Swimming
c/w Todd Etherington
P.O. Box 71837
Salt Lake City, Utah 84171

REGISTRATION FEE:

USA swimming fee	$ 46.00
LSC Fee	$ 14.00
TOTAL DUE	**$ 60.00**

YEAR LAST REGISTERED

If you registered with a different USA Swimming club in 2009, enter that.

CLUB CODE LSC CODE

and the date of your last competition representing that club:

USA Swimming makes its membership list available to its marketing partners. Please wnotify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

- ☐ I want to learn more about USA Swimming's community initiatives.
- ☐ I want to receive the electronic USA Swimming newsletter *(must be 13 years of age or older)*

ATHLETE, PARENT OR GUARDIAN SIGNATURE: _____