



**Competitive Swimming Registration
Winter 2010-2011**

Name(LAST): _____ (First) _____ Middle Int _____
 Birthdate: _____ Age as of Dec 1: _____ GENDER _____
 Parent/Guardian: _____
 Address: _____
 Emergency Contact: _____ phone #: _____
 Phone #: _____ email: _____
 Name of sibling currently registered: _____ **Member ID #** _____

PLEASE NOTE: Swimmers MAY NOT participate until all applicable fees are paid.
Check the website for qualifying standards, meet and practice requirements for each group.

| | 11' USA reg. | | Resident | | Member | | Non-resident | | HS/MS Team member | | 2nd sibling | TOTAL |
|--|--------------|--|----------|--|----------|--|--------------|--|-------------------|--|-------------|-------|
| | | | | | | | | | DISCOUNT | | | |
| SENIOR (must meet group requirements) | \$55.00 | | \$275.00 | | \$250.00 | | \$325.00 | | -\$50 | | -\$15.00 | |
| Sept 7-Sectionals | | | | | | | | | | | | |
| GOLD | \$55.00 | | \$250.00 | | \$225.00 | | \$300.00 | | -\$50 | | -\$15.00 | |
| Sept 13-Championship meet | | | | | | | | | | | | |
| SILVER (11-14) | \$55.00 | | \$250.00 | | \$225.00 | | \$300.00 | | -\$50 | | -\$15.00 | |
| Sept 20-Championship meet | | | | | | | | | | | | |
| BRONZE (12 & under) | \$55.00 | | \$250.00 | | \$225.00 | | \$300.00 | | | | -\$15.00 | |
| Sept 20-Championship meet | | | | | | | | | | | | |
| GREEN (12 & under/TCAC) Nov 22—WMSL Conference | ***** | | \$75.00 | | \$60.00 | | \$100.00 | | | | -\$10.00 | |
| | | | | | | | | | | | | |

USA registration is paid ONCE Per YEAR!

Athlete's parents are responsible for all transportation to and from meets as well as practices, coaches and the facility are not responsible for any transportation.
 Athletes will abide by all facility rules and regulations.
 Athletes will not enter the water without a coach on deck.
 Athletes will abide by all opponents facility rules when at away meets.

Make checks payable to: **Holland Aquatic Center**

I hereby waive, release, discharge and hold harmless the Holland Community Swimming Pool Authority, its officers, agents, employees, volunteers, contributing sponsors, and affiliated organizations from any and all liability for any physical or mental injury or aggravation of any pre-existing condition, illness, disability, death, loss of employment, injury to persons or property, or any other harm sustained by me or my child through the participation in said activity.

Parent/Guardian: _____ Date: _____



USA SWIMMING

2011 ATHLETE REGISTRATION APPLICATION LSC: MICHIGAN SWIMMING, INC.

REG. DATE / OFFICE USE ONLY

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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 | IF UNATTACHED ENTER IN MOTHER/GUARDIAN LAST NAME | MOTHER/GUARDIAN FIRST NAME |
| | | | |

MAILING ADDRESS:

| | | |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
| | | |

| | | |
|-----------|---------------|---------------------------------|
| AREA CODE | TELEPHONE NO. | FAMILY/HOUSEHOLD E-MAIL ADDRESS |
| | | |

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):
- O. 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:

MICHIGAN SWIMMING, INC

MAIL APPLICATION & PAYMENT TO:

MICHIGAN SWIMMING, INC
 PO BOX 1784
 MIDLAND, MI 48641-1784
 E-Mail: jbcartmill@hughes.net
 (231)690-5847

| REGISTRATION FEE | |
|------------------|----------------|
| USA Swimming Fee | \$47.00 |
| LSC Fee | \$8.00 |
| TOTAL DUE | \$55.00 |

YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

SIGN

HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

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 like to learn more about the USA Swimming Foundation's Initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (sent by 12 users of one or listed)