



USA SWIMMING

REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid



2009/2010 ATHLETE REGISTRATION APPLICATION
TEAM: BAC LSC: MICHIGAN SWIMMING, INC.

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Swimmer LAST NAME, LEGAL FIRST NAME, MIDDLE NAME

PREFERRED NAME, DATE OF BIRTH (MO./DAY/YR.), SEX (M/F), AGE, Health Concerns

FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN FIRST NAME

FATHER/GUARDIAN Occupation, MOTHER/GUARDIAN Occupation

U.S. CITIZEN? YES NO

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

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:

Father's Address

Father's Address text box

City, State (MI), Zip Code, Email Address

Home Phone, Work Phone, Cell Phone

Mother's Address - IF DIFFERENT THAN ABOVE

Mother's Address text box

City, State (MI), Zip Code, Email Address

Home Phone, Work Phone, Cell Phone

As Bulldog Aquatic Club member parents we (I) agree to:

- 1. Support the BAC organization by working a minimum of three sessions at each BAC-hosted meet; Winterfest (a weekend in January) and Long Course Challenge (May/June/July).
2. Support the BAC organization fundraising efforts by participating in BAC fundraisers and obtaining/contributing a donation for both Winterfest and Spring Challenge Meets. This donation can be made via advertising revenue, business participation or individual check made out to BAC.
3. Have received and read the BAC by-laws and agree to abide by the club by-laws.
4. Agree to assume responsibility for all fees, registration and swim meet obligations associated with membership.

Disclaimer of liability: The under signed hereby states that the swimmer(s) to be registered is (are) in good health and is (are) covered by an existing health and accident insurance policy. BAC, its board, coaches, practice facilities, and membership assume no liability for accidents or injury incurred during participation. Information release waiver: The undersigned also releases BAC to use the above information to create a roster for distribution to BAC membership and use of any photos and names on the website, banquet slideshow, newspaper releases and/or newsletter. No personal swimmer information (other than psych sheets and meet results) will be posted for any reason, with out further written permission.

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN