USA SWIMMING

2024 SINGLE-MEET OPEN WATER ATHLETE APPLICATION

FLORIDA GOLD COAST SWIMMING

NAME OF MEET/DATE(S)

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
	M M D D Y Y		

(Bill, Beth, Scooter, Liz, Bobby)

GUARDIAN #1 LAST NAME	/GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 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: _____

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? ☐ YES ☐ NO

OPTIONAL

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 severe learning disorder, autism*

RACE AND ETHNICITY (You may check up to two choices):
- ☐ 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:

Florida Gold Coast Swimming

(ONLY Swim Club Check or Money Order)

MAIL APPLICATION & PAYMENT TO:

Richard Cavanah
951 US Hwy #1
North Palm Beach, FL 33408

2024 REGISTRATION FEE	
USA Swimming Fee	$10.00
LSC Fee	$5.00
TOTAL DUE	**$15.00**

☐ 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 *(must be 13 years of age or older)*

YEAR LAST REGISTERED: _____

SIGN HERE x _____ _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN — DATE

REG. DATE/LSC USE ONLY _____