

Coral Springs Swim Club Registration Form

Fees Include:

- A) USA-Swimming registration, insurance, and Splash magazine **\$60 per year**
- B) CSSC Annual Membership **\$100 per year**

Please make checks payable to CSSC in the amount of \$160.00

Team assigned to: _____

Your free trial period will end one week from: _____

At the end of the trial period, my check will be automatically deposited, unless I decide not to join CSSC. In that case I will call the registration chairperson at 954-340-5032 and inform CSSC of my decision not to join CSSC.

Photo // Video // Audio Release:

I hereby confer on the City of Coral Springs and/or its affiliate, the Coral Springs Swim Club, the absolute, irrevocable right and permission to use my child's image, in print, digital (web), or broadcast (video) format for the purpose of public information, public awareness or historical documentation of City events and programs. I give my consent freely, with the understanding that no remuneration or compensation will be forthcoming.

All information is required.

Name of Child: _____

Parent's Name: _____

Parent's Signature: _____

Occupation: _____

Parent's Email: _____

Swimmer's Email: _____

Date: _____

MUST GIVE COPY OF COMPLETED FORM TO THE COACH BEFORE YOUR FIRST PRACTICE!



USA SWIMMING

2015 ATHLETE REGISTRATION APPLICATION
LSC: FLORIDA GOLD COAST SWIMMING

REG. DATE / OFFICE USE ONLY

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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 UN	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? <input type="checkbox"/> YES <input type="checkbox"/> 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

MAKE CHECK PAYABLE TO:

Coral Springs Swim Club

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

REGISTRATION FEE	
USA Swimming Fee	\$47.00
LSC Fee	\$13.00
TOTAL DUE	\$60.00

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 (must be 13 years of age or older)