



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

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'S LAST NAME, FATHER'S FIRST NAME, MOTHER'S LAST NAME, MOTHER'S FIRST NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

AREA CODE, TELEPHONE 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:

YOUR CLUB who will then send in 1 check to Indiana Swimming. Only if you are UNATTACHED, should you make check payable to Indiana Swimming

MAIL APPLICATION & PAYMENT TO:

YOUR CLUB. If UNATTACHED, send to: Indiana Swimming, 201 S. Capitol Ave Suite 410, Indianapolis IN 46225

U.S. CITIZEN? YES NO, ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

REGISTRATION FEE table: USA Swimming Fee \$46.00, IN Fee 7.00, TOTAL DUE \$53.00

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.

YEAR LAST REGISTERED, IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT CLUB CODE, LSC CODE AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES.

This form should be completed for EVERY ATHLETE MEMBER of Indiana Swimming. This form is to stay with the CLUB. CLUBS are strongly urged to send emails with attached registration files that Hy-Tek's Team Manager can create. There is also a BATCH report to send along with payment. For TM e-registration processes/procedures, please visit www.hy-tek ltd.com to view an eLesson on how to export a batch registration file.

Only if you are a true unattached athlete (you do NOT belong to a club) should you send this completed form with the \$53 payment.

QUESTIONS?: Contact Michele DeLuna at 317.237.5780 or michele@inswimming.org

In order to eliminate asking for duplicate information, the club can delete instructions above and utilize the bottom portion of this word document to ask for additional information from their members.

2009/10 CARDINAL SWIM CLUB MEDICAL RELEASE FORM

Swimmer's Name: _____ Age: _____

Birthdate _____ Male Female (circle one)

Address _____

Phone _____

Parent's Name _____

Emergency Contact _____ Phone Number _____

If no answer, call _____ Phone Number _____

Doctor's Name _____ Phone Number _____

Please answer the following and explain any "yes"

Is this swimmer currently on any medication? Yes No

Does this swimmer have any special medical condition the coaches should be aware of? Yes No

Explanation:

I hereby grant permission to Cardinal Community Swim Club to obtain medical attention or treatment for the swimmer listed above in the event of an emergency until I can be contacted. I release Cardinal Community Swim Club, USA Swimming, Indiana Swimming and each of their respective officers, agents, employees, members, successors and any other persons in any way connected with this club, from any and all liabilities, claims, demands, actions, or causes of action of whatever kind of character arising out of or in connection with said event. Further the undersigned shall indemnify and hold harmless the host club, USA Swimming, Indiana Swimming and the officers, trustees, agents, employees and members of the foregoing and all other persons in any way and claims arising out of or in connection with any injury, including death, or alleged injury of damage to property sustained or alleged to have sustained in connection with or to have arisen out of said event.

Signature _____ Date _____