

**GATEWAY  
TO GOLD**



2013 Paralympic Swim Athlete Talent ID Clinic  
Athlete Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Township or School: \_\_\_\_\_

Name of Swim Club if you are swimming with a club:

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Classification if known: \_\_\_\_\_

I need to be classified: \_\_\_\_\_

Please email to Cindy Housner - [chousner@glasa.org](mailto:chousner@glasa.org) or fax to 847-283-0973