



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT.

NOTE: If you are 18 years of age or older, you are required to abide by to the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing you must complete the Athlete Protection Training. The training can be accessed at www.usaswimming.org/apf

Form fields for 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 EMAIL ADDRESS, MEMBER'S EMAIL ADDRESS.

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):

- G. 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

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

Table with 2 columns: Fee Name, Amount. Includes 2021 REGISTRATION FEE, USA Swimming Fee \$5.00, LSC Fee, TOTAL DUE \$5.00.

APPROPRIATE PAPERWORK SHOWING LSC QUALIFICATIONS FOR THIS OUTREACH REGISTRATION MUST BE ATTACHED TO THIS FORM IN ORDER TO PROPERLY REGISTER THIS ATHLETE.

HIGH SCHOOL STUDENTS - Year of high school graduation:
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2020, ENTER THAT
CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

- 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)

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

TO QUALIFY FOR THE OUTREACH ATHLETE REGISTRATION, THE ATHLETE'S FAMILY MUST MEET THE ELIGIBILITY REQUIREMENTS AND PROVIDE DOCUMENTATION OF ONE OF THE FOLLOWING:

- Individual Free School Lunch Program (does not include schools that participate in Federal Free School Meal Programs)
Proof of annual income showing total family/household income falling below (source: Federal Free School Lunch Income Eligibility Guidelines 2019-2020):
\$ 16,237 (1 person) \$ 27,729 (3 persons) \$ 39,221 (5 persons) \$ 50,713 (7 persons)
\$ 21,983 (2 persons) \$ 33,475 (4 persons) \$ 44,967 (6 persons) \$ 56,459 (8 persons)
** For families/households with more than 8 persons add \$5,746 for each add'l person
Medicaid
SNAP (Supplemental Nutrition Assistance)
Temporary Assistance to Needy Families (TANF)
Homeless Coalition
Section 8 Housing

MAKE CHECK PAYABLE TO

USA SWIMMING C.

MAIL APPLICATION & PAYMENT TO

USA SWIMMING C.
1000 WASHINGTON ST. SUITE B

USRP Racers