



2019-2020
Outreach Athlete Registration Form

Southern California Swimming, Inc (CA) and USA Swimming offer a reduced registration fee for athletes from low-income families. The purpose of this program is to provide competitive swimming opportunities to the underrepresented and economically disadvantaged youth in the United States. The Outreach Program reduces the annual membership fee an athlete pays to \$7.00. Complete the Athlete Information section and **either** Section A-Proof of Income **or** Section B-Proof of Assistance and submit with the required documentation and membership application.

Please complete each line item in full.

Athlete Information				
Date: _____		Athlete's USA Swimming Registration ID: _____		
Name of Club: _____		Club Code: _____ LSC: <u>CA</u>		
Athlete's Legal Name: _____				
	Last Name	First Name	Middle Name	Preferred Name
Athlete's Birth date: _____				
	Month	Day	Year	
Athlete's Current Address: _____				
	Address and Street	City	State	Zip Code
Home Phone Number: _____ - _____				
	(Area Code)			
_____ Signature of Parent or Guardian			_____ Date	

Section A: Proof of Income
Attach a photocopy of your most recent Federal tax return, proving that your income is below the level in the following table. [source: Federal Reduced School Lunch Income Eligibility Guidelines (2018 - 2019)]

Number in Family	Gross Annual Income
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760
Over 8, add for each	\$ 8,640

OR ----- Section B: Proof of Assistance OR Documentation of Disability (check other)
Attach a photocopy of an approved application for one of the following assistance programs

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Aid to Families with Dependent Children | <input type="checkbox"/> Social Security Disability Insurance | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Temporary Assistance to Needy Families |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Women, Infant and Children's Program | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Children's Health Insurance Plan |
| <input type="checkbox"/> Section 8 Public Housing | <input type="checkbox"/> Home Energy Assistance Program | <input type="checkbox"/> Other | |

OPTIONAL, BUT REQUESTED, PLEASE:

DISABILITY:

RACE AND ETHNICITY (You may check up to two)

- 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*

- 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 checks payable to Southern California Swimming*****

**Mail to:
Southern California Swimming
28000 S. Western Ave., #226
San Pedro, CA 90732**

2019-2020 OUTREACH FEE	
Sept. 1, 2019 through Dec. 31, 2020	
USA Swimming Fee	\$5.00
LSC Fee	\$2.00
TOTAL DUE	\$7.00

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