



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

(Bill, Beth, Scooter, Liz, Bobby) 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 E-MAIL ADDRESS

OPTIONAL DISABILITY: RACE AND ETHNICITY (You may check up to two choices):

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

99 Sheep Pasture Rd
Port Jefferson, NY 11777

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 2019 Outreach Fee, USA Swimming Fee (\$5.00), LSC Fee (\$0.00), and Total Due (\$5.00).

APPROPRIATE PAPER WORK 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 2018, 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 REG. DATE/LSC USE ONLY

Credit Card Information: Please print clearly

Name on Card Type of Card
Credit Card Number Expiration Date Code

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Outreach Registration Qualifications

Please provide of one of the following:

Redacted copy of Federal Tax return showing income below Federal Reduced School Lunch income Eligibility guidelines.

OR
Copy of one of the following proof of assistance:

- Aid to Families with Children Social Security Disability Insurance Food Stamps
Temporary Assistance to Needy Families Supplemental Security Income
Women, Infant and Children's Program (WICK) Medicaid
Children's Health Insurance Plan Section 8 Public Housing Home Energy Assistance Program
Other Free/Reduced School Lunch