



2021  
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.

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

<b>Section A: Proof of Income</b>
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	<b>\$32,920</b>
3	<b>\$41,560</b>
4	<b>\$50,200</b>
5	<b>\$58,840</b>
6	<b>\$67,480</b>
7	<b>\$76,120</b>
8	<b>\$84,760</b>
Over 8, add for each	<b>\$ 8,640</b>

<b>OR ----- Section B: Proof of Assistance OR Documentation of Disability (check other)</b>
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**

<b>2021 OUTREACH FEE</b>	
June 1, 2020 through Dec. 31, 2021	
USA Swimming Fee	\$5.00
LSC Fee	\$2.00
<b>TOTAL DUE</b>	<b>\$7.00</b>

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