



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.

### Athlete Information

Date: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Name of Club: \_\_\_\_\_ Club Code: \_\_\_\_\_ LSC: CA

Athlete's Legal Name: \_\_\_\_\_

Last Name                      First Name                      Middle Name                      Preferred Name

Athlete's Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_M \_\_\_\_\_F

Month                      Day                      Year

Athlete's Current Address: \_\_\_\_\_

Address and Street                      City                      State                      Zip Code

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

(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:**

- ☐ 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)**

- ☐ 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**

2021 OUTREACH FEE	
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.**