

2021 OUTREACH ATHLETE REGISTRATION APPLICATION LSC: FLORIDA SWIMMING

PLEASE PRINT LEGIBLY COMPLETE ALL INFORI				MATION: LEGAL FIRST NAME							MIDDLE NAME		
LAOT NAME						LLU	ALTIN	JI WAWLE		•	WIDDLE NAME		
PREFERRED NAME		DATE O	F BIR	TH (MO/D	AY/YR)	SEX (M/F)	AGE	CLUB CODE		NAME OF CL	UB YOU REPRESENT		
(Bill, Beth, Scooter, Liz, Bobby)				If not affiliated with a club, enter "Una							enter "Unattached"		
NOTE: If you are 18 years of agmember in good standing you													
GUARDIAN #1 LAST NAME GUARD			RDIAN	IAN #1 FIRST NAME				GUARDIAN :	#2 LAST NAN	AME GUARDIAN #2 FIRST NAME			
		MAIL	ING A	DDRES	SS					\neg			
CITY				STATE				ZIP CODE					
AREA CODE TELEPHONE NO.				FAMILY/HOUSEHOLD EMAIL ADDRESS					MEMBE	R'S EMAIL ADDRESS			
AREA CODE TELEPH		IONE NO.				FAMILT/HU		USERIOLD EINIAIL ADDRESS			K 3 EMAIL ADDRESS		
OPTIONAL					1	U.S. CIT	IZEN: [YES □ NO			2021 REGISTE	_	
DISABILITY: RACE AND ETHNICITY				(You may PES NO NO NO NOTHER FINA I					HER FINA FE	DERATION?	June 1, 2020 throu USA Swimming Fee	\$5.00	
☐ A. Legally Blind or Visually Impaired check up to two choices): ☐ B. Deaf or Hard of Hearing ☐ Q. Black or African Ameri				an				FEDERATION: _			LSC Fee		
☐ C. Physical Disability such as ☐ R. Asian amputation, cerebral palsy, ☐ S. White				HAVE YOU REPRESENTED THAT FEDER					T FEDERAT	ON AT	TOTAL DUE	\$5.00	
dwarfism, spinal injury, T. Hispanic or Latino mobility impairment U. American Indian & Ala				INTERNATIONAL Ska Native COMPETITION? YES NO									
D. Cognitive Disability such as severe learning disorder,	UV. S	ome Other Rac lative Hawaiian	е										
autism	_	slander	i & Otile	51 F acilic									
						-		CATIONS FO TO PROPERI			REGISTRATION THLETE.		
HIGH SCHOOL STUDENTS – Year of high school graduation:										Check if you would like to learn more about the USA			
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIF				•						Swimming Foundation's initiatives Check if you would like to receive the electronic USA			
CLUB CODE:AND THE DATE OF YOUR					OMPET	IIION REPI	RESENTIN	IG THAT CLUB:		Swimming Newsletter (must be 13 years of age or older)			
SIGN HERE X													
SIGNATURE (OF ATHL	ETE, PARE	NT OF	R GUAR	RDIAN		DATE						
TO QUALIFY FOR THE OU REQUIREMENTS AND PRO	OVIDE	DOCUME	NTA	TION	OF C	NE OF	THE F	OLLOWING:	:				
Individual Free School Lu	ınch P	rogram (does	not i	nclud	le scho	ols tha	at participate	in Federa	I Free Scho	ool Meal Programs	5)	
 Proof of annual income s Eligibility Guidelines 2 \$ 16,237 (1 person) \$ 21,983 (2 persons) ** For families/households 	019-20)20): \$ 27,729 \$ 33,475	(3 p i (4 p	erson erson	ıs) ıs)	\$ 39,; \$ 44,;	221 (5 967 (6	persons)	\$ 50,713 \$ 56,459	eral Free Sc (7 persons (8 persons	5)	ne	
For families/flousefloids	WILIT	nore man	ı o pe	er 50113	s auu	35,740	ioi ea	icii add i per	SUII				
Medicaid													
SNAP (Supplemental Nut	rition	Assistand	ce)										
Temporary Assistance to	Need	y Familie:	s (TA	NF)									
Homeless Coalition													
Section 8 Housing													