**MARYLAND SWIMMING’S OUTREACH APPLICATION**

**For Swimmers Seeking a USA Swimming/MD Swimming Membership Discount**

ATHLETE’S FULL LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE. ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIRCLE THE QUALIFICATION THAT APPLIES: Privacy of swimmer and family is always maintained.**

For 2020-21 registration only, MDSI will accept proof of Unemployment Eligibility issued between February 1, 2020 and September 1, 2020 as proof of Outreach qualification. An Unemployment Pay Stub Outreach Membership will terminate on September 30, 2020 if proof or statement of current participation in one of MDSI’s Outreach Eligible programs has not been provided by that date or if the Unemployment Pay Stub Outreach Membership has not been updated to a Year Round Membership by that date.

 **FOOD STAMPS YES**

 **LUNCH/BREAKFAST PROGRAM YES**

 **FEDERAL POVERTY GUIDELINES YES**

 **FAMILY ENERY ASSISTANCE (Letter) YES**

 **MEDICAL ASSISTANCE (Letter) YES**

**Payment along with all forms and supporting documents must be presented to the club’s registrar.**

**Swimmer’s *USA Swimming* Fee will be $7 upon approval of qualification. Additional Individual Club fees may apply.**

**I certify that the aforementioned athlete is a recipient of one of these requirements, or that the athlete’s family qualifies under the Federal Poverty Guidelines I certify that the above information is true and correct to the best of my knowledge and belief.**

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent or Guardian)**