###  USA SWIMMING 2018 OUTREACH ATHLETE REGISTRATION APPLICATION



 **LSC: Michigan Swimming, Inc.**

**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) If not affiliated with a club, enter “Unattached”**

#  GUARDIAN #1 LAST NAME GUARDIAN #1 FIRST NAME GUARDIAN #2 LAST NAME GUARDIAN #2 FIRST NAME

##  MAILING ADDRESS

 **U.S. CITIZEN:** [ ]  **YES** [ ]  **NO**

##  CITY STATE ZIP CODE

**ARE YOU A MEMBER OF ANOTHER FINA**

**FEDERATION?** [ ]  **YES** [ ]  **NO**

**IF YES, WHICH FEDERATION:**

**HAVE YOU REPRESENTED THAT**

**FEDERATION AT INTERNATIONAL**

**COMPETITION?** [ ]  **YES** [ ]  **NO**

 –

##  AREA CODE TELEPHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS

 **OPTIONAL**

**MAKE CHECK PAYABLE TO:**

 **DISABILITY: RACE AND ETHNICITY** (You may

 [ ]  A. Legally Blind or Visually Impaired check up to two choices):

##  [ ]  B. Deaf or Hard of Hearing *[ ]*  Q. Black or African American

#### 2018 OUTREACH FEE

**Sept. 1, 2017 through Dec. 31, 2018**

USA Swimming Fee $5.00

##### LSC Fee $2.00

# TOTAL DUE $7.00

**MAIL APPLICATION & PAYMENT TO:**

 [ ]  C. Physical Disability *such as* *[ ]*  R. Asian

 *amputation, cerebral palsy, [ ]*  S. White

**Michigan Swimming, Inc.**

**Dawn Gurley**

**2245 Knollcrest, Rochester Hills, MI 48309**

dawn.gurley@miswim.org

**248-997-6696**

 *dwarfism, spinal injury, [ ]*  T. Hispanic or Latino

 *mobility impairment* [ ]  U. American Indian & Alaska Native

 [ ]  D. Cognitive Disability *such as* [ ]  V. Some Other Race

 *severe learning disorder,* [ ]  W. Native Hawaiian & Other Pacific

 *autism*  Islander

**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:**

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)*

**YEAR LAST REGISTERED:** **. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2017, ENTER THAT**

**CLUB CODE:**  **LSC CODE:** **AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:** **.**

**SIGN**

**HERE** x

 **SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE REG. DATE/LSC USE ONLY**

**Athlete Outreach Verification Instructions**

The Michigan Swimming, Inc. / USA Swimming Athlete Outreach Program is for athletes whose family is currently in need of financial aid in order to join or maintain their membership in USA Swimming. The Outreach Program is a reduced registration fee for year-round USA Swimming membership.

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public: \_\_\_\_\_\_\_\_ Private: \_\_\_\_\_\_\_\_ Home School: \_\_\_\_\_\_\_

**Instructions to Parents:**

1. Complete the above form.

2. Attach a copy of one of the following to this form:

1. Federal Free and Reduced Lunch Program Verification Form
2. Food Stamp Letter

3. Unattached athletes should arrange for payment via online credit card—see payment option button on HOME page of MS

 website at [www.miswim.org](http://www.miswim.org)) before applications will be processed (mail or email forms to the Michigan Swimming office listed

 above).

4. All others, if paying by check make the check payable to your club and give all documents to your Club’s Membership Coordinator. The Club Membership Coordinator will send this document and the attachments requested in instruction 2 above to the Michigan Swimming Office. Clubs must arrange payment via ACH, or check payable to **Michigan Swimming, Inc.**