



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

Input fields for Last Name, Legal First Name, and Middle Name.

PREFERRED NAME

DATE OF BIRTH (MO/DAY/YR)

SEX (M/F)

AGE

CLUB CODE

NAME OF CLUB YOU REPRESENT

Input fields for Preferred Name, Date of Birth, Sex, Age, Club Code, and Club Name.

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

NOTE: If you are 18 years of age or older, you are required to abide by to the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing you must complete the Athlete Protection Training. The training can be accessed at www.usaswimming.org/apt

GUARDIAN #1 LAST NAME

GUARDIAN #1 FIRST NAME

GUARDIAN #2 LAST NAME

GUARDIAN #2 FIRST NAME

Input fields for Guardian #1 and #2 names.

MAILING ADDRESS

Input field for Mailing Address.

CITY

STATE

ZIP CODE

Input fields for City, State, and Zip Code.

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

AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD E-MAIL ADDRESS

Input fields for Area Code, Telephone No., and Family/Household E-mail Address.

Athlete's Email Address

Input field for Athlete's Email Address.

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? [] YES [] NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? [] YES [] NO

OPTIONAL

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 choices):

- 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 CHECK PAYABLE

MAIL APPLICATION & PAYMENT

- 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)

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2020, 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

2022 REGISTRATION CATEGORIES (please select only 1)

Table with 7 columns: Membership Type, Valid, USA Swimming Fee, LSC Fee, Total Fee, Restrictions. Rows include Premium, Flex, Season 1, Outreach, and Single Meet.



Niagara Swimming 2022 Outreach Application



Niagara 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.

Athlete Information

Date: _____ Athlete's USA Swimming Registration ID: _____

Name of Club: _____ Club Code: _____ LSC: _____

Athlete's Legal Name: _____
 Last Name First Name Middle Initial Preferred Name

Athlete's Birth date: _____
 Month Day Year

Athlete's Current Address: _____
 Address and Street City State Zip Code

Home Phone Number: _____ - _____
 (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 7/1/2021-6/30/2022]

Number in Family	Gross Yearly Income
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
Over 8, add for each	\$ 9,080

Niagara Swimming uses 200% of the Federal Poverty Guideline

Section B: Proof of Assistance

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	<input type="checkbox"/> Direct Notification Letter for Free/Reduced Lunch