### USA SWIMMING 2020 OUTREACH ATHLETE REGISTRATION APPLICATION



**LSC: San Diego Imperial Swimming**

**Website:** [**si-swimming.com**](2020%20Application%20-%20Non-athlete%20(1).docx)

**This is a year round application in which the athlete must meet the Out Reach Criteria**

**Paperwork accepted: Free Lunch form for the current year from the school the athlete is attending**

**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”**

**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**](http://www.usaswimming.org/apt)

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

## MAILING ADDRESS

## CITY STATE ZIP CODE

–

## AREA CODE TELEPHONE NO. FAMILY/HOUSEHOLD EMAIL ADDRESS MEMBER’S EMAIL ADDRESS

**If member is 17 yrs old or older.**

**ARE YOU A MEMBER OF ANOTHER FINA**

**FEDERATION?  YES  NO**

**IF YES, WHICH FEDERATION:**

**HAVE YOU REPRESENTED THAT**

**FEDERATION AT INTERNATIONAL**

**COMPETITION?  YES  NO**

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

**OPTIONAL**

**MAKE CHECK PAYABLE TO:**

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

**San Diego Imperial Swimming**

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

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

**MAIL APPLICATION & PAYMENT TO:**

C. Physical Disability *such as*  R. Asian

#### 2020 OUTREACH FEE

**Sept. 1, 2019 through Dec. 31, 2020**

USA Swimming Fee $5.00

##### LSC Fee $2.00

# TOTAL DUE $7.00

*amputation, cerebral palsy,*  S. White

**San Diego Imperial Swimming**

**PO Box 1347**

**Fallbrook CA 92088**

**760-525-3748**

[**office@si-swimming.com**](office@si-swimming.com)

*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 TOTHIS 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 2019, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**