



Email: office@si-swimming.com
Phone: 760-525-3748

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, and NAME OF CLUB YOU REPRESENT.

NOTE: If you are 18 years of age or older, you are required to abide by 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

Form fields for 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, and MEMBER'S EMAIL ADDRESS.

(Athletes 17yr/Over enter information)

U.S. CITIZEN: YES NO 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 and RACE AND ETHNICITY sections with checkboxes for various conditions.

Table with 2 columns: Fee Type and Amount. Rows include USA Swimming Fee (\$5.00), LSC Fee (\$2.00), and TOTAL DUE (\$7.00).

MAKE CHECK PAYABLE TO: San Diego Imperial Swimming

MAIL APPLICATION & PAYMENT TO: San Diego Imperial Swimming, PO Box 1347, Fallbrook CA 92088

APPROPRIATE PAPERWORK 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: YEAR LAST REGISTERED: CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

- 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)

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

REG. DATE/LSC USE ONLY

ACCEPTABLE DOCUMENTS FOR SAN DIEGO IMPERIAL SWIMMING OUTREACH APPLICATION

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 (2020-2021)

HOUSEHOLD SIZE	GROSS ANNUAL INCOME
2	\$31,894
3	\$40,182
4	\$48,470
5	\$56,758
6	\$65,046
7	\$73,334
8	\$81,622
Each add'l family member add	\$8,288

OR

Proof of enrollment in any of the following programs

****Please note: Free lunch program is no longer acceptable unless the school will give a form with the list of members who are eligible for free lunch.****

Check the line below that states which document is being provided

- _____ Federal food stamp program (SNAP)
- _____ Federal housing documentation (HUD.GOV)
- _____ WIC Program (Women, Infant and Children Federal Nutrition Program)
- _____ Temporary Assistance for Needy Families (previously AFDC)
- _____ Emergency Food Assistance Program (TEFAP)
- _____ Medicaid Medical Card
- _____ Children's Health Insurance Program (CHIP)
- _____ State programs
- _____ Social Security Disability Insurance (SSDI)
- _____ Supplemental Security Income (SSI)
- _____ Home Energy Assistance Program (LIHEAP)
- _____ Copy of Tax Return