Southeastern Swimming 2019 - 2000 Outreach Application

Southeastern Swimming, Inc (SE) and USA Swimming offer a reduced registration fee for athletes from low-income families and/or individuals with Disabilities. 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 $5.00. 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:

Athlete’s Legal Name:

Club Code:\_\_\_\_\_ LSC: SES

Last Name First Name

Athlete’s Birth date:

Month Day

Middle Initial

Year

Preferred Name

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 (2018 – 2019)

|  |  |
| --- | --- |
| Number in Family 2 | **Gross Annual Income****$32,920** |
| 3 | **$41,560** |
| 4 | **$50,200** |
| 5 | **$58,840** |
| 6 | **$67,480** |
| 7 | **$76,120** |
| 8 | **$84,760** |
| Over 8, add for each | **$ 8,640** |

**OR ----- Section B: Proof of Assistance OR Documentation of Disability (check other)**

Attach a photocopy of an approved application for one of the following assistance programs

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Aid to Families with Dependent Children | [ ] Social Security Disability Insurance | [ ] Food Stamps | [ ] Temporary Assistance to Needy Families |
| [ ] Supplemental Security Income | [ ] Women, Infant and Children’s Program | [ ] Medicaid | [ ] Children’s Health Insurance Plan |
| [ ] Section 8 Public Housing | [ ] Home Energy Assistance Program | [ ] Other |  |

*Revised on 1/1/2017 continued page 2*

 **OPTIONAL**

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

**To your local club if Unattached to SE**

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

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

#### 2019 -20 OUTREACH FEE

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

USA Swimming Fee $5.00

##### LSC Fee

# TOTAL DUE $5.00

**MAIL APPLICATION & PAYMENT TO:**

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

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

**To your local club if Unattached to:**

**SE Office**

**327 East Longleaf Dr**

**Auburn, AL AL 36832**

 *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.**