###  USA SWIMMING 2018 OUTREACH ATHLETE REGISTRATION APPLICATION



 **LSC: WV SWIMMING**

**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**

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

 **OPTIONAL**

**MAKE CHECK PAYABLE TO:**

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

**WEST VIRGINIA SWIMMING**

 [ ]  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 WAIVED

# TOTAL DUE $5.00

**MAIL APPLICATION & PAYMENT TO:**

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

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

**MELISSA MCGLOTHEN**

**1416 NOTTINGHAM ROAD**

**CHARLESTON, WV 25314**

**wvswimming12@gmail.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 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**

**MUST COMPLETE BELOW BY CIRCLING THE QUALIFICATION THAT APPLIES:**

 **QUALIFICATION:**

* **FOOD STAMPS YES**
* **LUNCH/BREAKFAST PROGRAM YES**
* **PRIMARY BREADWINNER Out of Work (more than 6 months) YES**

**Please provide proof or statement of participation in the program circled above.**

**I understand that in order for me to participate in the USA Swimming Outreach program, I must be a recipient of either Food Stamps, the Lunch/Breakfast Program, or the primary breadwinner has been out of work for more than six months. I certify that I am a recipient of one of these requirements, and the above information is true and correct to the best of my knowledge and belief.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ONLY** UNATTACHED ATHLETES CAN SEND THIS DIRECTLY TO THE REGISTRAR.

**ALL other Athlete Registrations MUST** be submitted through the club/organization.

**Your application is not complete until payment has been received.**