

## **Outreach Program**

Pacific Swimming participates in the USA Swimming Outreach Program and offers registration at the USA Swimming registration fee of \$5.00 with no additional fees to Pacific Swimming. The criteria for eligibility shall be that the swimmer's family meets the eligibility requirements of one of the following:

- · Free School Lunch Program
- Food Stamps
- Family income at or below the state poverty level

Outreach Athlete Registration Form follows on next page.



## 2016 OUTREACH ATHLETE REGISTRATION APPLICATION LSC: PACIFIC SWIMMING (PC)

PLEASE PRINT LEGIBLY LAST I		TE ALL INFORMATION:  LEGAL FIRST NAME						MIDDLE NAME		
PREFERRED NAM	E	DATE OF BIRTH	MO/DAY/YR)	SEX (M/F)	AGE	GE CLUB CODE		NAME OF CLUB YOU REPRESENT		
(Bill, Beth, Scooter, Liz, Bobby) PARENT/GUARDIAN #1 LA	ST NAME	PARENT/GUARDIA	N #1 FIRST	Γ NAME	P/	If not affi ARENT/GUARDIA		a club, enter "Unattach ST NAME PAF	red" RENT/GUARDIAN #2 FIRST NAME	
		MAILING ADD	RESS							
								U.S. CIT	IZEN: YES NO	
	CITY		STATE	<u> </u>		ZIP CODE		APEVO	U A MEMBER OF ANOTHER FINA	
									ATION? YES NO	
AREA CODE	TELEPH	IONE NO.	F	AMILY/HO	JSEHO	LD E-MAIL ADDI	RESS	IF YES,	WHICH FEDERATION:	
DISABILITY:  ☐ A. Legally Blind or Visually Impaired check up to two choices): ☐ B. Deaf or Hard of Hearing ☐ Q. Black or African American				MAKE CHECK PAYABLE TO: PACIFIC SWIMMING				HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? ☐ YES ☐ NO		
C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment	□ R. □ S. ' □ T.	Asian	P	ACIFIC	SWIM	& PAYMENT TO: MING OCK COURT	_		2016 OUTREACH FEE September 1, 2015 through December 31, 2016	
<ul> <li>□ D. Cognitive Disability such as severe learning disorder, autism</li> </ul>		Some Other Race Native Hawaiian & Other Palslander	acific <b>V</b>	VALNUT	CRE	EK, CA 94598	3		\$5.00	
APPROPRIA	TE PAPI	ER WORK SHO	WING TI	HE QUA	LIFIC	CATIONS FO	or thi	S OUTREAC	H REGISTRATION	
<mark>MUST</mark>	BE ATT	ACHED TO THIS	S FORM	IN ORE	ER 1	O PROPER	LY RE	GISTER THI	<mark>S ATHLETE.</mark>	
IGH SCHOOL STUDENTS – Year of	high school gra	aduation:	_					☐ Check if yo	ou would like to learn more about the USA	
EAR LAST REGISTERED:LSC CODE:	<del>_</del> '							Check if yo	Foundation's initiatives ou would like to receive the electronic USA Newsletter <i>(must be 13 years of age or older)</i>	
IGN ERE x							Γ	LSC USE ONLY	· · · · · · · · · · · · · · · · · · ·	
	JRE OF ATH	LETE, PARENT OR G	UARDIAN			DATE	_	REG. DATE	CHECK	

To qualify for the Outreach Athlete Registration, the swimmer's family must meet the eligibility requirements of one of the following:

- Free School Lunch Program
- Food Stamps
- Family income at or below the state poverty level

APPROPRIATE PAPER WORK SHOWING THE QUALIFICATIONS FOR THIS OUTREACH REGISTRATION MUST BE ATTACHED TO THIS FORM IN ORDER TO PROPERLY REGISTER THIS ATHLETE.