

## **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 N		TE ALL INFORMATION:  LEGAL FIRST NAME						MIDDLE NAME		
PREFERRED NAM	E	DATE OF BIRTH	(MO/DAY/YR)	SEX (M/F)	AGE	AGE CLUB CODE		NAME OF CL	LUB YOU REPRESENT	
(Bill, Beth, Scooter, Liz, Bobby) PARENT/GUARDIAN #1 LA	ST NAME	PARENT/GUARDIA	AN #1 FIRS	TNAME	P.	If not affil ARENT/GUARDIA		a club, enter "Unattach ST NAME PAF	ed" RENT/GUARDIAN #2 FIRST NAME	
		MAILING ADD	DRESS							
<u>L</u>								U.S. CIT	IZEN: YES NO	
	CITY		STAT	<u>E</u>		ZIP CODE		AREVO	U A MEMBER OF ANOTHER FINA	
						_			TION? YES NO	
AREA CODE	TELEPH	ONE NO.	][ <u>F</u>	AMILY/HO	USEHO	LD E-MAIL ADDE	RESS	IF YES, V	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. □ U. □	Asian White Hispanic or Latino American Indian & Alaska	I F	PACIFIC	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 F Islander	acific \	WALNUT	CREI	EK, CA 94598	<b>;</b>		\$5.00	
<mark>APPROPRIA</mark>	TE PAPI	ER WORK SHO	WING T	HE QUA	<mark>LIFI</mark>	CATIONS FO	R THI	S OUTREAC	H REGISTRATION	
MUST MUST	BE ATT	<mark>ACHED TO THI</mark>	S FORM	1 IN ORI	DER 1	O PROPER	LY RE	GISTER THI	<mark>S ATHLETE.</mark>	
IIGH SCHOOL STUDENTS – Year of	high school gra	duation:	_					☐ Check if yo	ou would like to learn more about the USA	
EAR LAST REGISTERED:LSC CODE:	_							Swimming  Check if yo	Foundation's initiatives ou would like to receive the electronic USA Newsletter (must be 13 years of age or older)	
SIGN IERE x								LSC USE ONLY		
	IRE 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.