



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) 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 E-MAIL ADDRESS

U.S. CITIZEN: YES NO ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO IF YES, WHICH FEDERATION:

OPTIONAL DISABILITY: A. Legally Blind or Visually Impaired B. Deaf or Hard of Hearing C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment D. Cognitive Disability such as severe learning disorder, autism RACE AND ETHNICITY (You may check up to two choices): O. Black or African American R. Asian S. White T. Hispanic or Latino U. American Indian & Alaska Native V. Some Other Race W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO: Metropolitan Swimming, Inc.

MAIL APPLICATION & PAYMENT TO: 99 Sheep Pasture Road Port Jefferson, Ny 11777

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

Table with 2 columns: Fee Name, Amount. Rows: 2017 OUTREACH FEE, USA Swimming Fee (\$5.00), LSC Fee (\$0.00), TOTAL DUE (\$5.00)

APPROPRIATE PAPER WORK 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

Credit Card Information: Please PRINT Clearly

Name on Card Type of Card: V MC AMEX D Credit Card Number Expiration Date Code

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

Outreach Registration Qualifications

Please provide of one of the following:

Copy of Federal Tax return showing income below Federal Reduced School Lunch income Eligibility guidelines.

OR Copy of one of the following proof of assistance:

- Aid to Families with 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 Free/Reduced School Lunch