



To: Minnesota Swimming Club Presidents, Registrars

Re: 2024 Athlete Outreach Memberships Fee Waiver Application
(Economically Disadvantaged Youth Reduced Membership Fee)
[See Fee Waiver form/Guidelines/Instructions!!](#)

In order to provide competitive swimming opportunities to the under-represented and/or economically disadvantaged youth, the Athlete Outreach membership is provided to eligible athletes at no cost by Minnesota Swimming and at a reduced \$5 rate by USA Swimming (total \$5 fee).

This Outreach Membership requires qualifying documentation from the family and the club as noted on the fee waiver Application below. The reduced rate membership, along with required additional financial assistance from the club, will help aid the athlete financially to continue to participate in their swimming program.

In order to protect the integrity of the USA Swimming Outreach Membership program, the burden of “proof” rests with the applicant/family who must complete and sign the **Fee Waiver Application**, providing to their club, the eligibility proof as listed below. The club portion of the Fee Waiver Application must be completed by the club and signed by a club official (president or designee, such as the registrar), verifying the information and eligibility requirements.

The Fee Waiver Application is kept on record by the club official (president or designee). Once the waiver is received and review, the club administrator (registrar) will provide the USA Swimming Online Member Registration ~ Outreach Registration Link for their team to the family to use to register as an outreach member. The \$5 fee will be paid directly to USA Swimming by the family at the time of registration.

Submit the following to Team Administrator/Registrar:

- Completed and signed Outreach Fee Waiver Application for each athlete
- Documentation verifying qualification for the Outreach membership

Please do not hesitate to contact me at the Minnesota Swimming office if you have any questions.

Tracy

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2024 Outreach Athlete Membership Fee Waiver/Application: Economically Disadvantaged Youth Reduced Membership Fee

Athlete Applicant's Name: _____ | _____ | _____ Phone # _____ - _____ - _____
Last First MI (Area Code)

Address: _____ | _____ | _____ | _____
Address/Street City State Zip Code

Date of Birth: _____
(MM/DD/YYYY)

Club Name: _____ Club Code: _____

Signature of Parent or Guardian **(Required)** _____ Date _____

[Required] Attach a photocopy of one of the following as proof of Current Year eligibility. **[Check One Box Below]**

- Proof of Free or Reduced Lunch** (photocopy of approved application from school for the above-named athlete)
- Federal Food Stamps** (photocopy of letter or approved application)
[MN SNAP Food Stamp Program – Copy of current EBT card or approved application]
- Medicaid** (photocopy of card or approved application for above-named athlete)
- Federal Poverty Guidelines** (Photocopy of Redacted tax returns from Tax Year 2019 – must include Name(s), Dependents, Signature & Annual Gross Income)
- Proof of Income:** Attach a photocopy of your most recent (2022) Federal Tax Return, proving that your income is below levels in the following table (Source: Federal Free Reduced School Lunch Income Eligibility Guidelines 7/1/2023-6/30/2024)

Federal Income Eligibility Guidelines (Reduced Lunch)

Household Size	(Gross Annual Income)
2	\$36,482
3	\$45,991
4	\$55,500
5	\$65,009
6	\$74,519
7	\$84,027
8	\$93,536
Over 8, add for each	\$ 9,509

[Required-Check Box] Our club is, also, providing financial assistance to this athlete in the form of reduced or free club dues, fees, etc. as described below:

Explain how your club is providing assistance in addition to the USA Swimming reduced fee membership:

Above Information Verified by: _____ | _____
Club Signature (Required) [Registrar/Treasurer/President] **Printed Name**

- Team Administrator/Registrar should verify eligibility of family/swimmer(s)
- Does family qualify for Outreach Membership?
- **YES:** Provide family with the Outreach Membership Registration link (unique to each team). \$5 fee will be paid directly to USA Swimming by the family at the time of registration.
- **NO:** Notify family that they do not qualify.
- **KEEP this documentation** with team records. Forms and proof DO NOT get sent to the MN Swimming office.

-----Team Use Only-----

Date Application Received: _____ Approved: Yes No
Date Family Notified if not approved: _____ Reason: _____