



Middle Atlantic Swimming Outreach Membership Policy

Outreach Athlete membership is available to qualified athletes in accordance with USA Swimming guidelines. The purpose is to make membership available to athletes who might otherwise not be able to afford regular membership. The current Outreach Athlete membership fee is established by the Middle Atlantic Swimming Board of Directors and is listed on the MAS Registration Fee table on the website. Other than the membership fee, an Outreach Athlete member is not distinguishable from any other Athlete member.

Applicants for Outreach Membership must be eligible for one of the need-based programs listed on the Middle Atlantic Outreach Application. The athlete's Club shall submit the application for membership, whether as a new or renewed member, to the MAS office in a manner consistent with the policy for submission of other membership application(s) together with a copy of the documentation confirming eligibility for participation in the Outreach Program

To apply for Outreach Membership:

1. Complete the MA Outreach Athlete Registration form.
2. Submit the form, \$5.00 registration fee and proof of qualification to your club Registrar (if you are a member of a club). If you are unattached, send it to the Middle Atlantic Swimming office. (verification must be sent annually)
3. Middle Atlantic Swimming reimburses meet fees for MAS Sanctioned meets.



Middle Atlantic Swimming Athlete Outreach Application

Middle Atlantic Swimming and USA Swimming offer a reduced registration fee for athletes from low-income families. The purpose of this program is to provide competitive swimming opportunities to the underrepresented and economically disadvantaged youth in the United States. The Outreach Program reduces the annual membership fee an athlete pays to \$5.00.

Complete the Athlete Information section and either Section A-Proof of Income or Section B-Proof of Assistance and submit with the required documentation and membership application.

Middle Atlantic Swimming 500 Creek View Rd. Suite 101 Newark, DE 19711

Athlete Information			
Date: _____			
Name of Club: _____		Club Code: _____ LSC: <u>MA</u>	
Athlete's Legal Name: _____			
Last Name	First Name	Middle Initial	Preferred Name
Athlete's Birth date: _____			
Month		Day	Year
Athlete's Current Address: _____			
Address and Street		City	State Zip Code
Home Phone Number: _____ - _____			
Signature of Parent or Guardian: _____			Date _____

Section A: Proof of Income (call the MA office with any special circumstances)

Attach a photocopy of your most recent, signed, Federal tax return, proving that your income is below the level in the following table. <small>[source: Federal Reduced School Lunch income eligibility guidelines]</small>	Gross Yearly Income
2	\$30,044
3	\$37,777
4	\$45,510
5	\$53,243
6	\$60,976
7	\$68,709
8	\$76,442
Over 8, add for each	\$ 7,733

Section B: Proof of Assistance

Attach a photocopy of an approved application for one of the following assistance programs

- | | | |
|--|--|--|
| <input type="checkbox"/> Aid to Families with Dependent Children
<input type="checkbox"/> Social Security Disability Insurance
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Temporary Assistance to Needy Families | <input type="checkbox"/> Supplemental Security Income
<input type="checkbox"/> Women, Infant and Children's Program
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Children's Health Insurance Plan | <input type="checkbox"/> Section 8 Public Housing
<input type="checkbox"/> Home Energy Assistance Program
<input type="checkbox"/> Other |
|--|--|--|