

## 2018 OUTREACH ATHLETE REGISTRATION APPLICATION LSC: Indiana Membership Valid 9.1.17-12.31.18

For Outreach Membership: Please include copy of eligibility. This is via Free/Reduced Lunch form from swimmer's school, Hoosier Healthwise, Medicare form or other eligible proof. Please contact Member Services Coordinator, Michele De Luna at <a href="michele@inswimming.org">michele@inswimming.org</a> with questions.

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION  LAST NAME			ON: LEGAL FIRST NAME			MIDDLE NAME		
PREFERRED NAME		DATE OF BIRTH (MO/DAY/YR) SEX (M/F) AGE CLUB CODE		NAME OF	NAME OF CLUB YOU REPRESENT			
(Bill, Beth, Scooter, Liz, GUARDIAN #1		GUARDIAN #1 F	IRST NAME	If not affiliate GUARDIAN #2 LAS	ed with a club, ente ST NAME	r "Unattached" GUARDIAN #2 FIRST N	AME	
		MAILING ADDRE	ESS					
					11.6	CITIZEN: □YES □ NO		
	CITY		STATE	ZIP CODE	0.3.	CITIZEN TES NO	,	
	-			_	AR	RE YOU A MEMB	ER OF	
AREA CODE TELEPHON		HONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS			ANOTHER FINA		
					FED	ERATION?   YES   NO		
OPTIONAL MAKE CHECK PAYABLE TO:					IF YES, WHICH FEDERATION:			
DISABILITY:  ☐ A. Legally Blind or Visually Impaired ☐ B. Deaf or Hard of Hearing ☐ C. Physical Disability such as amputation, cerebral palsy. ☐ S. White			Your Clul	Your Club or Indiana Swimming		HAVE VOIL REPRESENTED THAT		
			MAIL APPLICATION & PAYMENT TO:			2018 OUTREACI	1 FEE	
dwarfism, spinal injur	, у, — П.	Hispanic or Latino	YOUR CL	IIR or:		Sept. 1, 2017 through D		
mobility impairment  ☐ D. Cognitive Disability s		American Indian & Alaska Nativ Some Other Race	Indiana S			USA Swimming Fee LSC Fee	\$5.00 \$0.00	
		Native Hawaiian & Other Pacif Islander	- 1 - 20. 0 Ou	oitol Ave, Suite 410 olis, IN 46225		TOTAL DUE	\$5.00	
			·	•				
HIGH SCHOOL STUDENTS -	- Year of high school g	raduation:			☐ Check	if you would like to learn more abou	t the USA	
		GISTERED WITH A DIFFEREN			Swimi	ming Foundation's initiatives		
CLUB CODE:LS	SC CODE:A	ND THE DATE OF YOUR LAST	COMPETITION REPRE	SENTING THAT CLUB:		if you would like to receive the elect ming Newsletter (must be 13 years o		
SIGN HERE x						· •	,	
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE					REG. DATE/L	SC USE ONLY		

Appropriate/Applicable paperwork showing qualifications for this outreach registration must be submitted to Indians Swimming with this registration.

The following documentation is acceptable as proof for outreach fees and needs to be submitted to Indiana Swimming ANNUALLY.

- 1. Free or Reduced school lunch program documentation. School letter send home to family upon school corporation application approval or we-mail from school administrator is acceptable.
- 2. Hoosier Healthwise insurance card copy
- 3. WIC card copy
- 4. Other forms accepted if presented and would be equivalent to above.

This form is to returned to YOUR CLUB with payment. Your club will send one payment to our office for all registrations submitted. Only if you are a true unattached athlete (you do NOT belong to a club) should you send this completed form with payment directly to our office.

Birth certificate copy needed: Indiana Swimming requires all swimmers 18 and Under to submit a COPY of their birth certificate to their club registrar. Swimmers who do not submit a copy of the birth certificate and subsequently swim in meets, will be assessed a \$100 per meet fine for non-compliance/confirmation of age. Once Indiana Swimming has confirmed the swimmer's membership with date of birth confirmation, the swimmer will NOT have to resubmit. If you are unsure if Indiana Swimming has your date of birth confirmed from a previous year's membership, please e-mail <a href="Michele@inswimming.org">Michele@inswimming.org</a>. Indiana Swimming does accept other forms of date of birth confirmation. Please see CLUB FORMS section of the website for the Birth certificate Requirements document.