



2024-2025 Outreach Membership

Application LSC: AD - Adirondack

Swimming

Adirondack and USA Swimming offer a reduced (\$5.00) annual registration fee for qualified athletes, in order to provide swimming opportunities to underrepresented and economically disadvantaged youth.

Complete the Athlete Information section and either Section A- Proof of Income, or Section B- Proof of Assistance, or Section C- Grant Applicant. Submit with the required documentation to your Club Registrar or Admin, who will send it to the Adirondack LSC Registrar.

Athlete Information

Date: _____ Athlete's USA Swimming ID Number: _____

Name of Club: _____ Club Code: _____ LSC: AD

Athlete's Legal Name: _____
 Last Name First Name Middle Initial Preferred Name

Athlete's Birth date: _____
 Month Day Year

Athlete's Address: _____
 Street City State Zip Code

Home Phone Number: _____ - _____
 (Area Code)

Signature of Parent or Guardian

Print Name of Parent or Guardian

Date

Section A: Proof of Income

Attach a photocopy of your most recent Federal tax return, proving that your income is below the level in the following table. [source: Reduced School Lunch Income Eligibility Guidelines]

| Number in Family | Gross Yearly Income |
|----------------------|---------------------|
| 2 | \$27,861 |
| 3 | \$47,767 |
| 4 | \$57,720 |
| 5 | \$67,673 |
| 6 | \$77,626 |
| 7 | \$87,579 |
| 8 | \$97,532 |
| Over 8, add for each | \$ 9,953 |

Or 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 | <input type="checkbox"/> Notification Letter for Free/Reduced Lunch |

Or Section C: Grant Applicant

A grant application was submitted to the AD Outreach Committee on _____ (date).

Club has approved this athlete for Outreach Membership. Rep Signature _____