Insert Your Club Logo Here

Outreach Application

Insert your full club Name **Full Club address Insert Telephone and Fax Numbers Insert Club Email Address**



Parent Signature and Date

Instructions: An athlete who meets criteria and wishes to join the swim team and be considered for Outreach benefits must complete this application.

Documentation verifying eligibility must documents to your swim club. PLEAS	st be submitted with the application. Team tryouts may be required. Please return the application with supporting SE PRINT LEGIBALLY and IN INK.
Child's Full Name:	
Date of Birth:	
(month, date & year) Parent(s)/Guardian(s)	1.
Full Name(s):	2.
Address (Physical):	
Address (Mailing, if	
different from physical): City, State & Zip Code:	
•	
Email Address:	
Phone:	Home: Cell(s):
Emergency Contact	Name: Phone(s):
Info.	Relationship to Swimmer:
Swimming Experience: (check those that apply)	Beginner Some Experience Advanced (Can swim all four strokes) Swam Competitively *Where & With Whom:
Child's Demographics: (Optional. For statistical purposes only. Useful in	○ Hispanic ○ African-American ○ Caucasian ○ Asian ○ Native American○ Other (please list):
tracking program needs, participation & support)	Check one: ☐ Male ☐ Female
*Note: Eli	gibility status may be reassessed on an incremental basis, to be determined by your club
	The Following Must Be Signed by the Parent/Guardian
which renders him/her unable to Club name program (s), I assume club name, it's programs, includin and Agents from all claims of any Club Name, which I understand, n solely responsible for their transp with their involvement. I further grant permission for the Club Narunderstand that I will be responsi	nt and warrant that my child is in good health and has no physical or mental condition, ailment or disability participate in vigorous physical activity. In consideration of benefits derived from their participation in the all risks and hazards incidental to such participation, and do hereby indemnify, release and hold harmless and the Club Name, names of other programs, its Directors, Officers, Coaches, Property Manager, Employees kind, which may arise or hereafter accrue in connection with my child's participation in activities of the may involve activities other than participation in swim meets and practices. I acknowledge that I shall be cortation to participate in all activities. I also understand that I may be responsible for some fees associated signify that I have read and agree to abide by and accept the Terms and Conditions listed on this form. I mee and its affiliates to act in the best interest of my child in the case of a medical emergency and lible for any medical costs which may arise. *I attest that the information associated with this application is the to abide by the program's Code of Conduct and Ethics.
	Parent/Guardian Participation Requirements
This success is due, in large part, t	prides itself in striving for excellence and takes pride in offering quality programs, events and swim meets. to parent support and involvement. Therefore, I understand that I will be required to participate and yents and meets. I understand that such involvement contributes to my child's enrichment and success.

**Athletes wishing to be considered for Outreach benefits must meet one of the following eligibility requirements. Verification must be attached. Please check one of the following. (Benefits include a reduced USA Swimming Membership Fee)

Participant in the free school lunch program;

Parent Signature and Date

Family receives county and/or state assistance (those receiving food stamps or other government assistance will usually meet state poverty guide lines)

The Marlin Swim Club is an affiliate of Florida Swimming and USA Swimming and is a proud partner in the effort to encourage, offer and support the development of swim programs and water safety initiatives that foster diverse growth and inclusion of youth and families, from all ethnic and socio-economic spectrums.