



Application for *Play It Forward* Membership

The **Play It Forward** program provides financial assistance for youth ultimate players from underserved populations to help cover the cost of their membership. Each approved applicant will be awarded with USA Ultimate [membership](#) at the appropriate level for the registered event.

Eligibility: A youth player (not yet graduated from high school) who is registered in a USA Ultimate championship or sanctioned event (a league, tournament, practice, camp, clinic, etc.) or his/her parent/guardian may apply for a *Play It Forward* membership through the corresponding club organizer, demonstrating need by presenting the letter from the player's school that specifies qualification for the federal [Free & Reduced Price School Meals](#) program for the current academic year.

PLAYER INFORMATION

First Name: _____ **Last Name:** _____ **Email:** _____

Mailing Address: _____ **Unit #** _____

City: _____ **State:** ____ **Zip:** _____ **Phone:** (____) _____

Desired Level of Membership (Youth or Affiliate): _____ **USA Ultimate account ID# [if known]:** _____

I am including a completed USA Ultimate annual [Membership Form & Waiver](#) signed by a parent/guardian.

EVENT INFORMATION

Event Name: _____

Affiliate or State-Based Organization Name (if applicable): _____

Event Start Date: ____/____/____ **at City, State** _____

I confirm that player has been registered and approved to play in this event.

SCHOOL INFORMATION

Name of School that player currently attends: _____

Mailing Address: _____ **Unit #** _____

City: _____ **State:** ____ **Zip:** _____ **Phone:** (____) _____

I confirm that this player has not yet graduated from high school but expects to graduate on/around ____/____/____

I confirm that this player has been found eligible to participate in the federal Free & Reduced Price School Meals program, and a copy of my letter of eligibility from this school is included with this application.

AFFIDAVIT

I certify that the above information is true & accurate, to the best of my knowledge.

Typed/Printed Name of Applicant: _____ **Today's Date:** ____/____/____

Signature of Applicant: _____ **Relationship to Player:** _____

Return this completed application form, membership form & waiver, and school letter of NSLP eligibility to a designated representative of the corresponding club organizer, [USA Ultimate Affiliate](#) or [State-Based organization](#).