



# USA SWIMMING – 2018 CLUB APPLICATION

CLUB CODE: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_

NAME OF OWNER/BUSINESS/LEGAL ENTITY IF DIFFERENT FROM CLUB NAME:

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_

CLUB SETTING:     Rural     Suburban     Urban

**PLEASE CHECK ONE:**

NEW CLUB         RENEWING CLUB  
(Club is defined as a group with athletes and coaches. Insurance certificate will be issued.)

FIRST YEAR AS A USA SWIMMING CLUB: \_\_\_\_\_

NEAREST MAJOR CITY: \_\_\_\_\_ CLUB WEB SITE: \_\_\_\_\_

**PRE-EMPLOYMENT SCREENING**

By checking this box and signing below, I formally acknowledge that this club is conducting a pre-employment screening on all new employees who are required to be members of USA Swimming as required in the USA Swimming Rules & Regulations, Article 502.6.8.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to check this box and sign this statement will result in the club application being rejected.**

**RACING START CERTIFICATION**

By checking this box and signing below, I formally acknowledge that this club complies with all Racing Start Certification requirements as stated in the USA Swimming Rules & Regulations, Article 103.2.2 and maintains records for its athlete members.

Head Coach Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to check this box and sign this statement will result in the club application being rejected.**

**CLUB/MARKETING CONTACT/REPRESENTATIVE (This person will receive USA Swimming mailings and be responsible for distributing the information.)**

CLUB/MARKETING CONTACT/REPRESENTATIVE: \_\_\_\_\_

POSITION (board president, owner, coach, etc.): \_\_\_\_\_

CLUB MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PRIMARY ORGANIZATIONAL AFFILIATION, WHO OWNS THE CLUB, CLUB TAX LISTING (To register as a club, a selection must be made for Primary Organizational Affiliation, Who Owns the Club and Club Tax Listing.)**

Check if registered last year and there are no changes to the Primary Organizational Affiliation, Who Owns the Club and Club Tax Listing that were listed last year.

**PRIMARY ORGANIZATIONAL AFFILIATION**

(Please note the club's primary relationship/affiliation with any one of the following organizations. **Choose one only.**)

- Not Applicable
- Boys & Girls Club
- College/University
- Country Club
- Health & Fitness Club
- Hospital
- Jewish Community Center
- Park & Recreation Department
- Private School
- Public School/District
- Summer Club or Home Owner's Association
- YMCA
- YWCA
- Other

**WHO OWNS THE CLUB**

- Coach Owned (\*\*MUST PROVIDE OWNER INFO)
- Boys & Girls Club
- College/University
- Country Club
- Health & Fitness Club
- Hospital
- Jewish Community Center
- Non-Profit Corporation (Parent Board)
- Park & Recreation Department
- Private School
- Public School/District
- Summer Club or Home Owner's Association
- YMCA
- YWCA
- Other

\*\*NAME OF COACH OWNER: \_\_\_\_\_

COACH'S USA SWIMMING ID#: \_\_\_\_\_

**CLUB TAX LISTING**

(Please list the club's main tax listing and not the parent's/booster organization if it is a separate entity.)

- Sole Proprietor
- Partnership
- LLC
- Sub-S Corporation
- Other For-Profit Corporation
- 501(c)3 Non-Profit Corporation
- Other 501(c) Non-Profit
- Other Non-Profit Corporation
- Does Not Apply

**LEARN TO SWIM PROGRAM**

- Does the club or coach own and operate a Learn to Swim Program?  Yes  No
- If yes, is the club a current Make a Splash Local Partner?  Yes  No
- If no, is the club associated with a Learn to Swim Program?  Yes  No

**FIND-A-CLUB CONTACT (To register as a club, a Find-a-Club Contact must be listed. Information will appear on the Find-A-Club page of USA Swimming's Web site.)**

FIND-A-CLUB CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**REGISTRATION DATE AND TYPE**

REGISTRATION DATE: \_\_\_\_\_ (For LSC Office Use Only)

**PLEASE CHECK ONE:**

- YEAR-ROUND CLUB
- SEASON 1 CLUB
- SEASON 2 CLUB

**HEAD COACH**

COACH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CLUB PRESIDENT**

CLUB PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FACILITIES USED BY YOUR CLUB – LIST ALL FACILITIES (To register as a club, a facility must be listed. If additional space is needed to list facilities, use a separate sheet of paper and attach to the application.)**

Check if registered last year and there are no changes to the facilities that were listed last year.

If a facility is no longer in use by the club, list the facility name and the word "Delete" (example: Nathan Natatorium – Delete).

**FACILITY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**POOLS AT THIS FACILITY:**

Pool 1: Length:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes:_____	# of Lanes:_____	<input type="checkbox"/> L-shaped pool
Pool 2: Length:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes:_____	# of Lanes:_____	<input type="checkbox"/> L-shaped pool

**FACILITY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**POOLS AT THIS FACILITY:**

Pool 1: Length:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes:_____	# of Lanes:_____	<input type="checkbox"/> L-shaped pool
Pool 2: Length:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes:_____	# of Lanes:_____	<input type="checkbox"/> L-shaped pool

**FACILITY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**POOLS AT THIS FACILITY:**

Pool 1: Length:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes:_____	# of Lanes:_____	<input type="checkbox"/> L-shaped pool
Pool 2: Length:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes:_____	# of Lanes:_____	<input type="checkbox"/> L-shaped pool

**FACILITY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**POOLS AT THIS FACILITY:**

Pool 1: Length:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes:_____	# of Lanes:_____	<input type="checkbox"/> L-shaped pool
Pool 2: Length:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width:_____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes:_____	# of Lanes:_____	<input type="checkbox"/> L-shaped pool

This form can be saved to your computer, filled in, and saved again. Pre-employment Screening and Racing Start Certification sections require an actual signature so that page will need to be scanned once it is completed.

*If any of the above information changes, please notify your LSC Registration Chair.*