



# USA SWIMMING – 2019 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 (e-signatures acceptable), 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 (e-signatures acceptable), 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.**

**STATE CONCUSSION LAWS**

By checking this box and signing below (e-signatures acceptable), I formally acknowledge that this club is following the state concussion laws regarding training coaches and providing educational information to athletes, parents, and guardians as required.

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: \_\_\_\_\_

***This form can be saved to your computer, filled in, and saved again. Pre-employment Screening, Racing Start Certification, and State Concussion Laws sections require an actual signature so the first page of this form will need to be printed and scanned once it is completed.***

**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

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