

# Oklahoma Swimming, Inc. Club Charter Application

***PLEASE PRINT NEATLY & USE BLACK INK***

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

CODE: \_\_\_\_\_

**CONTACT:**  
MEET ENTRIES/GENERAL INFO

\_\_\_\_\_  
NAME

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
DAY PHONE

\_\_\_\_\_  
CITY, ST ZIP

\_\_\_\_\_  
HOME PHONE

**PRESIDENT:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
DAY PHONE

\_\_\_\_\_  
CITY, ST ZIP

\_\_\_\_\_  
HOME PHONE

**HEAD COACH:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
DAY PHONE

\_\_\_\_\_  
CITY, ST ZIP

\_\_\_\_\_  
HOME PHONE

**REGISTRAR:**  
REGISTRATION MATERIALS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
DAY PHONE

\_\_\_\_\_  
CITY, ST ZIP

\_\_\_\_\_  
HOME PHONE

**SAFETY CHAIRMAN:**  
NEEDED FOR USA SWIMMING  
INSURANCE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
DAY PHONE

\_\_\_\_\_  
CITY, ST ZIP

\_\_\_\_\_  
HOME PHONE

**ASSISTANT COACHES:**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
NAME

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NAME

\_\_\_\_\_  
E-MAIL

***MORE INFORMATION TO BE COMPLETED ON PAGE 2***

# Oklahoma Swimming, Inc. Club Charter Application

\_\_\_\_\_ hereby applies for membership in Oklahoma Swimming, Inc. and USA Swimming.

CLUB CODE

We have attached: A Safety Inspection Checklist for each facility we use (practices & meets);

The \$80.00 annual fee (contact rjbaile@attg.net to confirm club fee due)

We agree to abide by the Bylaws and Rules of USA Swimming and Oklahoma Swimming, Inc. and to support and enforce all the decisions of the Boards of these two organizations. We will support all programs to the best of our ability and will assume responsibility for the proper conduct of the club as befits a member of Oklahoma Swimming, Inc. and USA Swimming.

***WE UNDERSTAND THAT THE CLUB CHARTER FEES FOR 2004 WILL BE \$80***

\_\_\_\_\_  
Signature of Club President

\_\_\_\_\_  
Signature of Club Secretary

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Mail Address

## **REMINDERS**

### **COACH MUST BE 2004 COACH MEMBER**

Before this charter can be accepted into the USA Swimming software, the head coach must be a 2004 coach member. Additionally, all coaches and assistants must be USA Swimming coach members for your Club Liability Insurance to be in effect.

### **DECEMBER 31 DEADLINE**

Your 2003 charter expires on December 31st. In order to have continuous liability insurance, your charter fee for 2004 must be received with all compliance (2004 coach & fees) by January 1<sup>st</sup>. During any lapse of club membership, in addition to having no club liability insurance, no sanctions will be issued, and your swimmers cannot represent your club in competition (no relays).

### **MINUTES**

Oklahoma Swimming will no longer send printed minutes via US Mail. All minutes will be posted on the Oklahoma Swimming website and all members are welcome to view and download for their own printing. Notices that minutes are posted will be sent via e-mail to the CONTACT, PRESIDENT, HEAD COACH, REGISTRAR & VOTING DELEGATE listed on the previous page.

**OKLAHOMA SWIMMING, INC. SAFETY INSPECTION CHECKLIST**  
**\*\*COMPLETE THIS FORM FOR EACH POOL USED\*\***

**Club Name** \_\_\_\_\_ **Club Code** \_\_\_\_\_ **Pool Location** \_\_\_\_\_

<b>1. Safety Equipment</b>	<b>Available</b>	<b>In Good Repair</b>	<b>Comments</b>
a. Emergency Phone Number			
b. First Aid Kit			
c. Backboard			
d. Cervical Collar			
e. Reaching Pole			
f. Ring Buoy			
g. Written Emergency Action Plans			
<b>2. Pool Area</b>	<b>Acceptable</b>	<b>Not Acceptable</b>	<b>Comments</b>
a. Rules Posted			
b. Deck Condition (Non-Slip?)			
c. Electrical (GFI) Outlets			
d. Starting Blocks – Secure			
e. Starting Blocks - Non-Slip Surface			
f. Ladders Secure			
g. Overhead Lighting			
h. Underwater Lighting			
i. Depth Markings			
j. Water Appearance			
k. Chlorine Level			
l. Water Temperature			
m. Air Temperature			
<b>3. Locker Room &amp; Shower Area</b>	<b>Acceptable</b>	<b>Not Acceptable</b>	<b>Comments</b>
a. Floors (Non-Slip?)			
b. Clean & Sanitized			
c. Lighting			
d. Plumbing Fixtures			
e. Drains Clean			
f. Water Temperature Controls			
g. Lockers			
h. Benches			
<b>4. Building &amp; Other Parts of Venue</b>	<b>Acceptable</b>	<b>Not Acceptable</b>	<b>Comments</b>
a. Lighting			
b. Walkways			
c. Aisles			
d. Exit Signs			
e. Parking Lots			
f. Housekeeping			
g. Hazardous Areas Posted			
<b>5. Emergencies</b>			
a. Name of Person in Charge:		Phone: (    )	Emergency Phone:(    )
b. What is your emergency action plan and phone numbers?:			

SIGNATURE OF PERSON SUBMITTING THIS REPORT: \_\_\_\_\_