



USA SWIMMING – 2022 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 are acceptable), I formally acknowledge that this club is conducting pre-employment screening as required in Article 2.6.11 of the USA Swimming Corporate Bylaws, which requires all member clubs to comply with the USA Swimming Pre-Employment Screening Procedures for New Employees for all new employees who are required to be USA Swimming members under Articles 2.6.6 and 2.6.7 of the USA Swimming Corporate Bylaws.

Signature: _____ 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 are 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: _____ 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 are 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.

Signature: _____ Date: _____

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

MINOR ATHLETE ABUSE PREVENTION POLICY

By checking this box and signing below (e-signatures are acceptable), I formally acknowledge that this club has implemented the USA Swimming Minor Athlete Abuse Prevention Policy, and require all athletes, parents, coaches, and other non-athlete members of the club to review and agree to the Policy on an annual basis with such written agreement to be retained by the club.

Signature: _____ Date: _____

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

CLUB MAILING ADDRESS with 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.): _____

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.)

CLUB'S FEDERAL TAX ID NUMBER: _____

CLUB TAX LISTING

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

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

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
- Park & Recreation Department
- Private School
- Public School/District
- Summer Club or Homeowner's Association
- YMCA
- YWCA
- Jewish Community Center
- Other (Please Specify: _____)

WHO OWNS THE CLUB

Check here if club ownership has changed since prior registration.

- Not Applicable
- Boys & Girls Club
- Coach Owned
- College/University
- Country Club
- Health & Fitness Club
- Hospital
- Park & Recreation Department
- Private School
- Public School/District
- Summer Club or Homeowner's Association
- YMCA
- YWCA
- Jewish Community Center
- Other (Please Specify: _____)

NAME OF COACH OWNER

**NAME OF COACH OWNER: _____

COACH'S USA SWIMMING ID#: _____

*****Bylaw 2.6.6: All employees, including individuals serving on the board, of USA Swimming member clubs must be non-athlete members of USA Swimming.**

*****CLUB HAS A BOARD OF DIRECTORS OR OTHER GOVERNING BODY RESPONSIBLE FOR DAY-TO-DAY OVERSIGHT OF CLUB OPERATIONS**

- Yes
- No. If no, please name second coach member in next section.

If yes, please list the names (first, last) of board and/or governing body members (all must be non-athlete members in good standing): **Add additional sheet if needed.**

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Bylaw 2.6.12: All clubs must have either (i) at least one member coach plus a board of directors or other governing body; or (ii) at least two member coaches to ensure that there are at least two adult authorities at each member club for communication and accountability purposes.

****NAME OF ADDITIONAL NON-ATHLETE COACH MEMBER**

NAME OF SECOND COACH MEMBER _____

COACH'S USA SWIMMING ID#: _____

Bylaw 2.6.6: All adult employees of USA Swimming member clubs must be non-athlete members of USA Swimming.

***NAMES OF ADDITIONAL ADULT NON-COACHING CLUB STAFF:**

Please list the names (first, last) of all additional adult staff members (all must be non-athlete members in good standing): **Add additional sheet if needed.**

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

If "yes", please identify associated Learn to Swim Program and provide primary contact's name and phone number:

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

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: _____

SAFE SPORT COORDINATOR

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

CLUB PRESIDENT

CLUB PRESIDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

HOUSE OF DELEGATES REPRESENTATIVE

HOD REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

CLUB REGISTRAR

CLUB REGISTRAR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

CLUB TREASURER

CLUB TREASURER: _____

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: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

Pool 2: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

Pool 2: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

Pool 2: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor

of Lanes: _____ # of Lanes: _____ L-shaped pool
Pool 2: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

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



SAFE SPORT GUIDELINES

The following guidelines will be followed by all clubs requesting new or renewal registration with Midwestern Swimming and USA Swimming. These guidelines mirror Articles 304 and 305 in USA Swimming Rules and Regulations. Club applications will not be processed without a signed guideline document.

1. Parents will be encouraged to appropriately support their children's swimming experience.
2. All swimming practices will be open to observation by parents.
3. Two-deep Leadership: Every attempt will be made to have one coach member and at least one other adult who is not in the water present at all practices and other sanctioned club activities whenever at least one athlete is present. Clubs and coaches should evaluate their seasonal plans and map out how to best accomplish this extremely important guideline.
4. Open and Observable Environment: An open and observable environment will be maintained for all interactions between adults and athletes. Private, or one-on-one situations, will be avoided unless they are open and observable. Common sense should be used to move a meeting to an open and observable location if the meeting inadvertently begins in private.
5. Coaches will not invite or have an athlete(s) to their home without the permission of the athlete's parents (or legal guardian).
6. During team travel, when doing room checks, attending team meetings and/or other activities, two-deep leadership and open and observable environments will be maintained.
7. Athletes will not ride in a coach's vehicle without another adult present who is the same gender as the athlete, unless prior parental permission is obtained.
8. During overnight team travel, if athletes are paired with other athletes they shall be of the same gender and should be a similar age. Where athletes are age 13 & Over, chaperones and/or team managers would ideally stay in nearby rooms. When athletes are age 12 & Under, chaperones and/or team managers may stay with athletes. Where chaperones/team managers are staying in a room with athletes, they will be the same gender as the athlete and written consent should be given by athlete's parents (or legal guardian).
9. When only one athlete and one coach travel to a competition, at the competition the coach and athlete will attempt to establish a "buddy" club to associate with during the competition and when away from the venue.
10. Communications between non-athlete adult members and athletes will not include any topic or language that is sexual or inappropriate in nature.
11. Non-athlete adult members shall respect the privacy of athletes in situations such as changing of clothes, showering, etc. Non-athlete adult members will protect their own privacy in similar situations.
12. Relationships of a peer-to-peer nature with any athletes will be avoided. For example, coaches will avoid sharing their own personal problems with athletes.
13. Coaches and other non-athlete adult members will avoid horseplay and roughhousing with athletes.
14. When a coach touches an athlete as part of instruction, the coach should do so in direct view of others and inform the athlete of what he/she is doing prior to the initial contact. Touching athletes should be minimized outside the boundaries of what is considered normal instruction. Appropriate interaction would include high fives, fist bumps, side-to-side hugs and handshakes.
15. Coaches will not initiate contact with or accept supervisory responsibility for athletes outside club programs and activities without the permission of the athlete's parents (or legal guardian).
16. Coaches will not engage in sexual intimacies with a former athlete for at least two years after the cessation or termination of professional services.

My signature below represents understanding and agreed compliance with these guideline policies as a condition of club registration.

Signature of Club President

Club Code

Date

Return All Completed Forms to:

Scot Sorensen
110 N 248th Cir
Waterloo, NE 68069