



Club Membership Profile

(USE BLACK OR BLUE INK & PRINT LEGIBLY)

Club Name: _____

Club Address: _____

City/State/Zip: _____

Contact Name: _____ Position: _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail: _____ Would you like to receive free coach email updates? Yes No

Club website address: _____

Complete mailing address for toolbox (if different than club address above. No PO Boxes):

LSC: _____ Club Code: _____

Zone: Eastern Central Southern Western Club setting: Rural Urban Suburban

What year was your team chartered? _____ # of coaches on team: Full Time _____ Part Time _____

Nearest major city (within 50-100 miles): _____

Head Coach Information:

Name: _____ Number of years of experience _____

Average # of swimmers in your training group: _____ Do you coach: Full time Part time

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail: _____

Would you like to receive free USA Swimming coach email updates (1-4 times per month)? Yes No

Assistant Head Coach or Head Age Group Coach Information:

Name: _____ Number of years of experience _____

Average # of swimmers in your training group: _____ Do you coach: Full time Part time

Home Phone: _____ Work Phone: _____ Fax: _____

E-mail: _____

Would you like to receive free USA Swimming coach email updates (1-4 times per month)? Yes No

To receive the free Club Toolbox, this form must be completed and have both signatures, if applicable. The Club Toolbox is property of the above mentioned swim team or club. It is neither the property of the coach nor the board/booster president. Please allow 4-6 weeks for delivery.

**Return completed forms to:
Toolbox offer, USA Swimming, One Olympic Plaza, Colorado Springs, CO, 80909**

Athlete Information

Total number of year round registered athletes: _____

Approximate number of athletes:

	Male	Female
Winter	_____12&u_____13&o	_____12&u_____13&o
Summer	_____12&u_____13&o	_____12&u_____13&o

If you offer seasonal membership, please list the season dates:

Approximate number of athletes:

	Male	Female
Season One	_____12&u_____13&o	_____12&u_____13&o
Season Two	_____12&u_____13&o	_____12&u_____13&o

Last year how many athletes: _____ Quit _____ Joined

Which Learn to Swim Program does your club offer?

___ Red Cross ___ Swim America ___ Your Own ___ Other
___ No program offered

Approx. numbers of swimmers in learn to swim program: _____

In order to help our Outreach Program, please tell us how many of your athletes fall into the following categories:

_____ African-American	_____ Native American
_____ Asian/Pacific	_____ Other
_____ Caucasian	_____ Don't know
_____ Hispanic	_____ Decline to answer
_____ Mixed	

Annual Training Fees: _____ Seniors
_____ Entry Level Age Group
_____ Advanced Age Group

Please check the types of scholarships your club offers:

___ None offered ___ Disabled ___ At Risk Youth
___ Financial ___ Academic ___ Talent
___ Other, explain: _____

Survey

Which programs or services is your club interested in receiving information about?

___ Swim-A-Thon
___ Gold Medal Clinics
___ Athlete Camps
___ Strategic Planning Seminar
___ Coaches' Conferences
___ Coach Education
___ Parent Education
___ Club Leadership and Business Management School
___ Recruiting information, posters, postcards, videos
___ Other: _____

What is the highest level of competition achieved by your club's swimmers? Please check only one.

___ Olympics
___ National Team
___ Olympic Trials
___ National Championships
___ Junior Championships
___ Sectional/Regional Championships
___ Zone Championships
___ LSC Championships

Team Operation

Who owns the club:

___ Coach ___ School System ___ Parent board ___ College
___ YMCA/YWCA ___ Park & Rec. ___ Private ___ Other

If board run, how many are on board? _____

For Tax Purposes, is your club a:

___ NFPO ___ 501-c3 ___ 501-c6
___ For Profit ___ Sole Proprietor ___ S12 ___ Other

Do you have any non-coach people who fulfill the following job duties in your club?

___ Office Manager ___ Accountant
___ Business Manager ___ Secretary ___ Other

Total approx. pool rental paid annually for all facilities:
\$ _____

What is your annual operating budget? (circle one)

\$0 – \$25,000 \$25,000 – \$100,000
\$100,000 – \$250,000 \$250,000 +

WINTER SEASON INFORMATION

Number of pools and **total** hours per **week**:

___ 25 yard ___ 25 meter ___ 50 meter ___ other

___ hours ___ hours ___ hours ___ hours

Who owns the pool(s) you use?

___ Coach ___ School System ___ Parent board ___ College
___ YMCA/YWCA ___ Park & Rec. ___ Private ___ Other

SUMMER SEASON INFORMATION

Number of pools and **total** hours per **week**:

___ 25 yard ___ 25 meter ___ 50 meter ___ other

___ hours ___ hours ___ hours ___ hours

Who owns the pool(s) you use?

___ Coach ___ School System ___ Parent board ___ College
___ YMCA/YWCA ___ Park & Rec. ___ Private ___ Other

REQUIRED TO RECEIVE FREE TOOLBOX

Signature of the Head Coach

Signature of the Board/Booster President (if applicable)

If you only have one signature above, please explain why: _____

