 2018 CLUB MEMBERSHIP APPLICATION

USA Swimming ~ Minnesota Swimming

***Club Application Directions for Completion and Submission:*** *(Note that Apple/Mac’s do work well with format)*

*Download this form to your desktop or a folder. Do NOT change or un-restrict the formatting. Put your cursor on the request form and click. It should go to the first item to be completed (or start by clicking on one of the boxes at the top). Continue to tab through the form to complete all the requested information. Do not hit enter! (Tab or Click on a field only.) Key “X” in boxes. Save your information. Do NOT send this form in .pdf.*

*Email the form as a WORD attachment (original format) to Minnesota Swimming. (*[*cshapley@mnswim.org*](mailto:cshapley@mnswim.org)*)*

**Check One:**  New Membership  Renewal Membership  Club Update Only

**Membership Type** Check One:  Regular Membership  Seasonal Membership

(“Club” is defined as a group with athletes and coaches. Insurance Certificates will be issued.)

**Club Setting** Check One:  Rural  Suburban  Urban

*Regular membership is for one calendar year expiring on 12/31.*

*Seasonal membership is for a specified 5 month period as designated yearly.*

* If any positions on your club application change during the membership year, contact MSI for a copy of your approved application and then do an update.
* Please keep all addresses/phone numbers and email addresses current. Again, ontact MSI with changes.

***Every position on this form must be completed & all fields for that position are required.***

**ALL INFORMATION REQUIRED**

Club Name:

Club Code (1-4 Character Club Abbreviation):

Name of Owner/Business/Legal Entity if Different from Club Name (i.e., Legal names/DBA’s):

1.       2.

3.       4.

Club Website: http://

Nearest **Major** City:       First Year as a USA Swimming Club:

**Disclaimer: Club Contact & Head Coach contact information on this application( Email & Phone #) may be used on the usaswimming.org & SwimToday.org Club Search (Find-A-Club Contact), and on the Minnesota Swimming Website.**

CLUB MARKETING CONTACT/REPRESENTATIVE*:*

This person will receive USA-S & MSI mailings/emails & be responsible for distributing information to club leadership.

*[All information required]*

**Name**: **Email**:

**Club Position**: Choose from Drop-Down Menu:  If “other”, state position:

**Address**:       **City**:       **State**:    **Zip:**

\*\* Enter phone numbers and Check preferred contact phone to be published on website.

**Home Phone**:        **Business**:        **Mobile**:

**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 Website. *[All information required]*

Name:

Phone:       Email:

Website Search Cities: City/State #1       City/State #2

**HEAD COACH**: Coach of Record *-* ***Must be a USA-S registered “Coach” member in year applying for membership with all requirements current*.** (Clubs must have at least (1) registered coach of record to apply for Membership.)

Name: Coach Date of Birth [Required]: (mm/dd/yyyy):

Address:       City:       State:    Zip:

**\*\* List one or more. Then check preferred contact phone to be published on website.**

Home Phone:        Business:        Mobile:

Email:

**CLUB REGISTRAR**: This individual is the ONLY person authorized & responsible to handle & process all registrations in the club and send them to Minnesota Swimming with proper forms, files and fees in a manner prescribed by MSI policy.

**NOTE**: If multiple sites/teams swim under **one club code**, all membership questions & issues for this club code will be directed to this person. This person is responsible for communicating to their sites & back to Minnesota Swimming.

*[All Information Required]*

Name:

Address:       City:       State:    Zip:

[Complete one or more] Home Phone:       Business:       Mobile:

Email:

**CLUB TREASURER**: *[All Information Required]*

Name: Email:

Address:       City:       State:    Zip:

[Complete one or more] Home Phone:       Business:       Mobile:

**CLUB PRESIDENT**: *[All Information Required]*

Name:

Address:       City:       State:    Zip:

[Complete one or more] Home Phone:       Business:       Mobile:

Email:

**SAFE SPORT COORDINATOR: *Required Club Position***

The Safe Sport Coordinator will act as a contact for current and future club members. This person will facilitate education and communication of safe sport goals, information, and resources (including contacts for referral and further assistance.)

*[All Information required)*

Name:  Email:

Phone:       Home  Business  Mobile

**SAFE SPORT ATHLETE LIAISON**: \****Required Club Position*** **(NEW)**

This person works in tandom with the Club Safe Sport Coordinator and serves as a liaison from the Safe Sport Committee to the Club Athletes. \*If club unable to fulfill this requirement, please contact [cshapley@mnswim.org](mailto:cshapley@mnswim.org) for a waiver.

*[All Information Required; For Internal Use only – NOT For Publication]* (Minimum preferred age is 15.)

Name: Date of Birth (MM/DD/YYYY):

The Safe Sport Athlete Liaison must be a current athlete member.

Athlete’s Cell Phone#:       Athletes’s Email Address:

**ATHLETE LIAISON: \**Required Club Position*** *[All Information Required; for Internal Use Only – NOT For Publication)*

\*If club unable to fulfill this requirement, please contact [cshapley@mnswim.org](mailto:cshapley@mnswim.org) for a waiver.

This person serves as the Liaison between their club athletes and the Minnesota Swimming Athlete Committee. Liaisons are also encouraged to **apply** for the athlete or other MSI committees & may be chosen to vote at the House of Delegates.

[Note: To accept this position, an athlete agreement is required with signatures of both athlete and parent/guardian.

This agreement will be available under the Athlete Tab on the Minnesota Swimming website.]

Name: Date of Birth (MM/DD/YYYY):       (Minimum preferred age is 15.)

The athlete liaison must be a current athlete member.

Athlete’s Cell Phone#:       Athlete’s Email Address:

**SAFETY COORDINATOR**: Responsible for coordinating all Safety/Risk Management matters within the club, including knowledge of facilities, establishing/updating club’s Emergency Action Plan and educating club members.

*[All Information Required]*

Name: Email:

Phone:       Home Business Mobile

**MINNESOTA SWIMMING DELEGATE**: *Required Club Position*. Voting Delegate to MSI House of Delegates.

**Non-Athlete** Membership required to vote. Also serves as Club Representative to Minnesota Swimming Board Meetings.

*[All Information Required]*

Name:  Email:

Phone:       Home Business Mobile

**ALTERNATE DELEGATE:**  Serves as voting delegate in absence of Delegate. **NA** membership required to vote.

*[All Information Required]*

Name: Email:

Phone:       Home Business Mobile

**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 the “Facility Use Addendum” on the MSI website and email along with this application.***

*If the facility is no longer in use by the club, list the facility name and the word “****Delete****”* Note: Full addresses are required.

FACILITY NAME:

ADDRESS:

CITY:       STATE:    ZIP:

POOLS AT THIS FACILITY: (Choose pool length/lanes from drop down menus)

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

Choose # of Lanes:  Choose # of Lanes:   L-shaped pool

Pool 2: Choose Length:   Yards  Meters Width:   Yards  Meters  Indoor  Outdoor

Choose # of Lanes:  Choose # of Lanes:   L-shaped pool

FACILITY NAME:

ADDRESS:

CITY:       STATE:    ZIP:

POOLS AT THIS FACILITY: (Choose pool length/lanes from drop down menus)

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

Choose # of Lanes: Choose # of Lanes:  L-shaped pool

Pool 2: Choose Length:  Yards  Meters Width:  Yards  Meters  Indoor  Outdoor

Choose # of Lanes: Choose # of Lanes:  L-shaped pool

FACILITY NAME:

ADDRESS:

CITY:       STATE:    ZIP:

POOLS AT THIS FACILITY: (Choose pool length/lanes from drop down menus)

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

Choose # of Lanes: Choose # of Lanes:  L-shaped pool

Pool 2: Choose Length:  Yards  Meters Width:  Yards  Meters  Indoor  Outdoor

Choose # of Lanes: Choose # of Lanes:  L-shaped pool

FACILITY NAME:

ADDRESS:

CITY:       STATE:    ZIP:

POOLS AT THIS FACILITY: (Choose pool length/lanes from drop down menus)

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

Choose # of Lanes: Choose # of Lanes:  L-shaped pool

Pool 2: Choose Length:  Yards  Meters Width:  Yards  Meters  Indoor  Outdoor

Choose # of Lanes: Choose # of Lanes:  L-shaped pool

**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.)***

**Required Choose one only per Category**

(click on the option)

**PRIMARY ORGANIZATIONAL AFFILIATION** **WHO OWNS THE CLUB**

*(Note the club’s* ***primary*** *relationship/affiliation with* Coach Owned \*MUST PROVIDE OWNER INFORMATION

*any one of the following organization*s.)Boys& Girls Club

Not Applicable College/University

Boys & Girls Club Country Club

College/University Health & Fitness Club

Country Club Hospital

Health & Fitness Club Jewish Community Center

Hospital Non-Profit Corporation (Parent Board)

Jewish Community Center Park & Recreation Department

Park & Recreation Department Private School

Private School Public School/District

Public School/District Summer club or Home Owner’s Association

Summer Club or Home Owner’s Association YMCA

YMCA YWCA YWCA Other

Other

\* NAME OF COACH OWNER:

COACH’S USA SWIMMING ID# (14 digits):

**CLUB TAX LISTING**

(List the club’s main tax listing; not the parent’s or booster organization if it is a separate entity.)

Sole Proprietor 501(c)3 Non-Profit Corporation

Partnership Other 501(c) Non-Profit

LLC Other Non-Profit Corporation

Sub-S Corporation Does Not Apply

Other For-Profit Corporation

**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

***Minnesota Swimming Use Only (Initial Year Application)***

Date Application received:       Date Application approved:

Fee paid by club:  ACH Debit  Check #      Date Check Received/ACH Posted:

Additional Fee Due:  ACH Debit  Check #      Date Rec/Posted:

***Minnesota Swimming Use Only (Club Up-Date)***

Date Up-date received:       Date(s) Up-Date Approved/Accepted:

 Club Membership

Assistant Coaches

*If additional assistant coaches are affiliated with your club, please use the single Assistant Coach Addendum page on the MSI website for additional pages. Email to MSI with your application.*

**FULL CLUB NAME**: **CLUB CODE**:

**All fields (Name/Phone/Email) are required for each coach**.

**ASSISTANT COACH**: **(Must be current USA-S COACH member for coaching privileges on deck at practice & meets.)**

Name:

Phone:       Home Business Mobile

Email :

**ASSISTANT COACH**: **(Must be current USA-S COACH member for coaching privileges on deck at practice & meets)**

Name:

Phone:       Home Business Mobile

Email:

**ASSISTANT COACH**: **(Must be current USA-S COACH member for coaching privileges on deck at practice & meets)**

Name:

Phone:       Home Business Mobile

Email:

**ASSISTANT COACH**: **(Must be current USA-S COACH member for coaching privileges on deck at practice & meets)**

Name:

Phone:       Home Business Mobile

Email:

**ASSISTANT COACH**: **(Must be current USA-S COACH member for coaching privileges on deck at practice & meets)**

Name:

Phone:       Home Business Mobile

Email: