 2021 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. (*[*tmeece@mnswim.org*](mailto:tmeece@mnswim.org)*)*

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

**Membership Type** - **Check One:**  Regular (Year-Round) 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 MNSI for a copy of your approved application and then do an update.
* Please keep all addresses/phone numbers and email addresses current. Again, contact MNSI with changes.

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

***Notify club athlete and Safe Sport Athlete Liaisons that they have been chosen and remind them of their responsibilities.***

**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: The Club Marketing Contact, Head Coach, & Find-A-Club Contact information on this application (Email & Phone #) may be used on the usaswimming.org & SwimToday.org “Find-A-Club” search, as well as on the Minnesota Swimming Website & mnswimtoday.org “Find-A-Club” search.**

CLUB/MARKETING CONTACT/REPRESENTATIVE*:*

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

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 & Minnesota Swimming Websites.

Name:

Phone:       Email:

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

**HEAD COACH**: Clubs must have at least (1) registered **COACH OF RECORD** (18+) to apply for Membership.

***Must be a USA-S registered “Coach” member in year applying for membership, with all requirements current*.**

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**: **(Must be current USA-S Non-Athlete member.)** 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 MNSI 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.

Name:

Address:       City:       State:    Zip:

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

Email:

**CLUB TREASURER**: **(Must be current USA-S Non-Athlete member.)**

Name: Email:

Address:       City:       State:    Zip:

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

**CLUB PRESIDENT**: **(Must be current USA-S Non-Athlete member.)**

Name:

Address:       City:       State:    Zip:

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

Email:

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

It is strongly suggested that the Safe Sport Coordinator role be filled by a resource that has time to facilitate and coordinate efforts related to Safe Sport education. This could be an assistant coach or other club staff member. Please contact Anne Knapp at [safesport@mnswim.org](mailto:safesport@mnswim.org) if you have questions on this role.

Name:  Email:

Phone:       Home  Business  Mobile

**SAFE SPORT ATHLETE LIAISON**: \****Required Club Position***

This person works in tandem with the Club Safe Sport Coordinator (see description) and serves as a liaison from the Safe Sport Committee to the Club Athletes.

***(All Information Required; for Internal use only – NOT for Publication.****)* (Preferred minimum age is 15.)

Name: Date of Birth (MM/DD/YYYY):       Athlete’s Cell Phone#:

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

Athletes’s Email Address:       Family Email Address:

**ATHLETE LIAISON: \**Required Club Position***

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 MNSI 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.]

***(For Internal use only – NOT for Publication.)*** (Preferred minimum age is 15.)

Name: Date of Birth (MM/DD/YYYY):       Athlete’s Cell Phone#:

The athlete liaison must be a current athlete member.

Athletes’s Email Address:       Family 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.

Name: Email:

Phone:       Home Business Mobile

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

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

Name:  Email:

Phone:       Home Business Mobile

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

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 MNSI 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.

**CLUB’S PRIMARY FACILITY** [**REQUIRED** – Must list one for mnswimtoday.org “Find-A-Club” search]:

NAME:

ADDRESS:

CITY:       STATE:    ZIP:

POOLS AT THIS FACILITY: (Choose pool length/# of 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/# of 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/# of 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/# of 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*  Not Applicable

*With 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 Park & Recreation Department

Jewish Community Center Private School

Park & Recreation Department Public School/District

Private School Summer club or Home-Owner’s Association

Public School/District YMCA

Summer Club or Home-Owner’s Association YWCA

YMCA YWCA Other

Other

**COACH OWNER** **(If coached owned and NO Board of Directors, a 2nd coach member is required for club membership. See USA Swimming Bylaw 2.6.12)**

Name of Coach Owner:

Coach’s USA Swimming ID# (14 digits):

Name of 2nd Coach:

2nd 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 Up-Date Approved/Accepted:

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 MNSI website for additional pages. Email to MNSI 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:

 Club Membership

**USA Swimming Bylaw 2.6.6 requires all individuals serving on a board of directors of a member club to be non-athlete members of USA Swimming. Requires: Membership, Athlete Protection Training and Background Screen.**

Board Members

*If additional assistant coaches are affiliated with your club, please use the single Board Member page on the MNSI website for additional pages. Email to MNSI with your application.*

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

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

**BOARD MEMBER**: **(Must be current USA-S Non-Athlete member.)**

Name:

Phone:       Home Business Mobile

Email :

**BOARD MEMBER**: **(Must be current USA-S Non-Athlete member.)**

Name:

Phone:       Home Business Mobile

Email:

**BOARD MEMBER**: **(Must be current USA-S Non-Athlete member.)**

Name:

Phone:       Home Business Mobile

Email:

**BOARD MEMBER**: **(Must be current USA-S Non-Athlete member.)**

Name:

Phone:       Home Business Mobile

Email:

**BOARD MEMBER**: **(Must be current USA-S Non-Athlete member.)**

Name:

Phone:       Home Business Mobile

Email: