### USA SWIMMING – 2018 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, I formally acknowledge that this club is conducting a pre-employment screening on all new employees who are required to be members of USA Swimming as required in the USA Swimming Rules & Regulations, Article 502.6.8.

Signature: Printed Name: 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, 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: Printed Name: Date:

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

**CLUB/MARKETING 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.)**

□ *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
* Jewish Community Center
* Park & Recreation Department
* Private School
* Public School/District
* Summer Club or Home Owner’s Association
* YMCA
* YWCA
* Other

WHO OWNS THE CLUB

* Coach Owned (\*\*MUST PROVIDE OWNER INFO)
* Boys & Girls Club
* College/University
* Country Club
* Health & Fitness Club
* Hospital
* Jewish Community Center
* Non-Profit Corporation (Parent Board)
* Park & Recreation Department
* Private School
* Public School/District
* Summer Club or Home Owner’s Association
* YMCA
* YWCA
* Other

\*\*NAME OF COACH OWNER:

COACH’S USA SWIMMING ID#:

CLUB TAX LISTING

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

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

**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

**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 Web site.)**

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:

**CLUB PRESIDENT**

CLUB PRESIDENT:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: BUSINESS: MOBILE:

FAX: EMAIL:

**REGISTRATION CHAIR**

REGISTRATION CHAIR::

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: BUSINESS: MOBILE:

FAX: EMAIL:

**CLUB VOTING DELEGATE (Must be USA registered non-athlete) (You may also list an alternate)**

VOTING DELEGATE:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: BUSINESS: MOBILE:

FAX: EMAIL:

**ATHLETE DELEGATE (You may also list an alternate)**

ATHLETE DELEGATE:

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

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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

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