### USA SWIMMING – 2022 CLUB APPLICATION

Please return completed Club Application download if paying online OR print & submit with check to the NJ Swim Office. This information is used to update your Team portal/SWIMS $75 on/before Sept 30th / $150 after Oct 1st



CLUB CODE: CLUB NAME:

NAME OF OWNER/BUSINESS/LEGAL ENTITY IF DIFFERENT FROM CLUB NAME:

1. 3.

2. 4.

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

[ ]  *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 [ ] Private School

 [ ] Boys & Girls Club [ ] Public School/District
 [ ] College/University [ ] Summer Club or Homeowner’s Association
 [ ] Country Club [ ] YMCA
 [ ] Health & Fitness Club [ ] YWCA
 [ ] Hospital [ ] Jewish Community Center
 [ ] Park & Recreation Department [ ] Other (Please Specify: )

WHO OWNS THE CLUB?

[ ]  *Check here if club ownership has changed since prior registration.*

 [ ] Not Applicable [ ] Park & Recreation Department

 [ ] Boys & Girls Club [ ] Private School

 [ ] Coach Owned [ ] Public School/District
 [ ] College/University [ ] Summer Club or Homeowner’s Association
 [ ] Country Club [ ] YMCA
 [ ] Health & Fitness Club [ ] YWCA
 [ ] Hospital [ ] 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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**V**

**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.***

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**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, provide primary contact’s name, and phone number:

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**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:

**NJ Swimming Login Email for Website**

LSC website login email address : We want clubs/admins/coaches from each team in the LSC to create and use a single Club Email for the LSC login. This email would and will only be used for LSC purposes/login/etc. Something like “ABCSwimClubLSC@gmail” .This would ensure that Club Coaches/Admins can still enter the LSC site but not using their personal/coaching emails, rather a singular club email that can be passed down as coaching changes are made, etc.

CLUB EMAIL FOR LSC WEBSITE:

**HEAD COACH**

COACH:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: BUSINESS: MOBILE:

FAX: EMAIL:

**CLUB REGISTRAR / CONTACT (The individual at your club responsible for registrations and to receive info from NJ Swimming Office)**

CLUB REGISTRAR/ COORDINATOR:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: BUSINESS: CELL:

FAX: EMAIL:

**SAFE SPORT COORDINATOR**

NAME:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: BUSINESS: MOBILE:

FAX: EMAIL:

**CLUB PRESIDENT (if applicable)**

CLUB PRESIDENT:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: BUSINESS: MOBILE:

FAX: EMAIL:

**OFFICIALS COORDINATOR (The individual at your club responsible for officials, for NJS Officials Committee use to have a contact at each club for the Officials Committee to contact)**

OFFICIALS COORDINATOR:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: BUSINESS: CELL:

FAX: EMAIL:

Give your athletes a voice. The NJS Athletes Committee would like two names from each club.

**SENIOR ATHLETE REP (A registered athlete with your club to receive information for athletes )**

SENIOR ATHLETE REP:

HOME PHONE: CELL:

EMAIL:

**JUNIOR ATHLETE REP (A registered athlete with your club to receive information for athletes )**

JUNIOR ATHLETE REP:

HOME PHONE: CELL:

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

PLEASE PRINT THIS FORM OUT, FILL IT OUT COMPLETELY AND RETURN TO THE NJ SWIM OFFICE EITHER ONLINE WITH PAYMENT OR IN THE MAIL WITH A CHECK.

**$75 ON/BEFORE SEPTEMBER 30TH**

**$150 AFTER OCTOBER 1ST.**

To upload and pay online please click this link < [**Club Application/Payment**](https://form.jotform.com/212273942735054) >

OR

Print – fill -out and mail to the NJ Swim Office with check

*If any of the above information changes, please submit changes on form to the NJ Swim Office,* *NJSwimOffice@gmail.com*

(For LSC Office Use Only)

**REGISTRATION DATE AND TYPE**

REGISTRATION DATE:

**PLEASE CHECK ONE:**

[ ]  YEAR-ROUND CLUB [ ]  SEASON 1 CLUB [ ]  SEASON 2 CLUB

NJ SWIMMING \* 1933 RT 35 STE 105 PMB 340 \* WALL \* NJ \* 07719*.*