



USA SWIMMING – 2021 CLUB APPLICATION



The _____ hereby makes application for renewal of membership in Gulf Swimming of USA Swimming, Inc. Enclosed is a team check for the annual dues. If accepted as a club member, the team agrees to abide by the Bylaws and Rules and Regulations of Gulf Swimming and USA Swimming, Inc., and to respect, abide by, and enforce all decisions of Gulf Swimming and USA Swimming, Inc.

CLUB CODE: _____ CLUB NAME: _____

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

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 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: _____ 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/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: _____

CLUB INFORMATION (This should include the permanent address and phone number of the team.)

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

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.**)

- | | |
|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Boys & Girls Club | <input type="checkbox"/> Public School/District |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Summer Club or Homeowner's Association |
| <input type="checkbox"/> Country Club | <input type="checkbox"/> YMCA |
| <input type="checkbox"/> Health & Fitness Club | <input type="checkbox"/> YWCA |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish Community Center | |
| <input type="checkbox"/> Park & Recreation Department | |

WHO OWNS THE CLUB

- | | |
|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Jewish Community Center |
| <input type="checkbox"/> Boys & Girls Club | <input type="checkbox"/> Park & Recreation Department |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Country Club | <input type="checkbox"/> Public School/District |
| <input type="checkbox"/> Health & Fitness Club | <input type="checkbox"/> Summer Club or Homeowner's Association |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> YMCA |
| | <input type="checkbox"/> YWCA |
| | <input type="checkbox"/> Other |

NAME OF COACH OWNER

**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.)

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> 501(c)3 Non-Profit Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other 501(c) Non-Profit |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Other Non-Profit Corporation |
| <input type="checkbox"/> Sub-S Corporation | <input type="checkbox"/> Does Not Apply |
| <input type="checkbox"/> Other For-Profit Corporation | |

SAFE SPORT COORDINATOR

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
FAX: _____ EMAIL: _____

CLUB PRESIDENT

CLUB PRESIDENT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
FAX: _____ EMAIL: _____

CLUB TREASURER

CLUB TREASURER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
FAX: _____ EMAIL: _____

OPERATIONAL RISK CONTACT

OPERATIONAL RISK CONTACT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
FAX: _____ EMAIL: _____

OPERATIONAL RISK ALTERNATE CONTACT

OPERATIONAL RISK ALTERNATE CONTACT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
FAX: _____ EMAIL: _____

REGISTRAR/CLUB ENTRIES/RECORDS

ENTRIES/RECORDS CONTACT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
FAX: _____ EMAIL: _____

I hereby give Gulf Swimming permission to use my name and contact information (above) for publication in the Gulf Swimming Handbook and on the Gulf Swimming web page.

Entries/Records Contact (Signature) _____

TEAM REPRESENTATIVE - Club Nominees to the Gulf Swimming House of Delegates (The number of representatives to the Gulf Swimming House of Delegates and the votes to which they are entitled is governed by Section 604.1.1 of the Gulf Swimming Bylaws. All representatives to the House of Delegates must be registered as non-athlete members of USA Swimming.)

COACH REPRESENTATIVE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
FAX: _____ EMAIL: _____

I hereby give Gulf Swimming permission to use my name and contact information (above) for publication in the Gulf Swimming Handbook and on the Gulf Swimming web page.

Coach Representative (Signature) _____

TEAM/OTHER REPRESENTATIVE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
FAX: _____ EMAIL: _____

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Team/Other Representative (Signature) _____

TEAM/OTHER REPRESENTATIVE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
FAX: _____ EMAIL: _____

I hereby give Gulf Swimming permission to use my name and contact information (above) for publication in the Gulf Swimming Handbook and on the Gulf Swimming web page.

Team/Other Representative (Signature) _____

REGISTRATION DATE AND TYPE

REGISTRATION DATE: _____ (For LSC Office Use Only)

PLEASE CHECK ONE:

YEAR-ROUND CLUB

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: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool

If any of the above information changes, please notify Loren Fischbach, Gulf Swimming Membership Administrative Assistant.

Send completed application, team check for \$250.00, safety information form, and safety map to:

Gulf Swimming
Attention: Membership
1415 South Voss Road
Suite 110-355
Houston, Texas 77057
loren.fischbach@gulfswimming.org