



REQUIREMENT CHECKLIST FOR FIRST YEAR CLUB MEMBERSHIP

This checklist is designed to verify that all requirements for new club membership have been met. ***It must be signed by the Head Coach for the club.*** Complete the **CLUB** column below and forward this list with all of the required application materials to the LSC Registration Chair. The LSC Registration Chair will complete the **LSC** column and forward the application to USA Swimming. Do not send incomplete forms!!

Club Name _____ Club Code _____

Head Coach Applying for Membership _____ LSC _____

Day Phone _____ Email _____

Club's Federal Tax ID Number _____ Date of Application _____

NEW CLUB REQUIREMENT	CLUB	LSC	NATL HQ
Club Items:			
1. LSC Application Form			
2. Team Mission Statement			
3. First-Year Budget or Business Plan			
4. Safety Action Plan for all facilities			
5. Facility Use Confirmation Form (for all facilities)			
6. Club Leadership and Business Management 101 Online Course. (Completion certificates for Head Coach and one additional club leader)			
7. Club Leadership and Business Management 201 Course. (Two club leaders must attend <u>prior to 2nd</u> year of club registration)			
8. Club Registration Fee			NA
9. Name and club code of new club does not conflict with any other club in this LSC	<u>LSC Registrar Signature:</u>		
Head Coach Items:			
1. Head Coach's Name:	DOB:		
2. Required Safety Certifications (attach documentation for both certifications)			
3. Background Check (Resources/Safe Sport/Complete Requirements/Initiate a Background Check)			
4. Athlete Protection Training (Resources/Safe Sport/)			
5. Coach Ed. Requirement: Foundations of Coaching 101, 201 & Rules & Regs.(Resources/Getting Started in Swimming/Coach)			
6. ASCA Level 2 Stroke School*			
7. ASCA Level 3 Physiology School*			

* A minimum of three years of USA Swimming coaching experience **may** waive the ASCA Level 2 and/or ASCA Level 3 educational requirement. Please list the LSC and years coached below. Final determination is by the Director of the Club Development Division of USA Swimming.

Year _____ LSC _____ Year _____ LSC _____ Year _____ LSC _____

By signing below, I certify that the information given on this form is truthful, accurate, and complete.

Head Coach Signature: _____ **Date:** _____

Print Name: _____

Official Use Only: Initial & Date when complete

LSC Official _____ Date _____

NHQ Official _____ Date _____