### USA SWIMMING – 2021 CLUB APPLICATION

$150 Checks payable to KY SWIMMING
PO BOX 163 – Wilmore, KY 40390



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 (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 is 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:

**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 Homeowner’s Association

**🞏**YMCA

**🞏**YWCA

**🞏**Other

WHO OWNS THE CLUB

**🞏**Not Applicable

**🞏**Boys & Girls Club

**🞏**College/University

**🞏**Country Club

**🞏**Health & Fitness Club

**🞏**Hospital

**🞏**Jewish Community Center

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**🞏**Public School/District

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**🞏**YMCA

**🞏**YWCA

**🞏**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.)

**🞏**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:

**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:

**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

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# of Lanes: \_\_\_\_\_\_ # of Lanes: \_\_\_\_\_\_ **🞏** L-shaped pool

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