



USA SWIMMING – 2022 CLUB APPLICATION

Make checks payable to Kentucky Swimming – Mailing address: PO Box 163 – Wilmore, KY 40390

ALL CLUB BOARD MEMBERS MUST BE USAS MEMBERS (includes BGC and APT)

CLUBS MUST HAVE A SAFE SPORT COORDINATOR ON THEIR BOARD

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 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)

- | | |
|--|---|
| <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"/> Other For-Profit Corporation |
| <input type="checkbox"/> 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.**)

- | | |
|---|---|
| <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"/> Jewish Community Center |
| <input type="checkbox"/> Park & Recreation Department | <input type="checkbox"/> Other (Please Specify: _____) |

WHO OWNS THE CLUB

Check here if club ownership has changed since prior registration.

- | | |
|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Park & Recreation Department |
| <input type="checkbox"/> Boys & Girls Club | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Coach Owned | <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"/> Jewish Community Center |
| | <input type="checkbox"/> 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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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.**

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 and provide primary contact's name and phone number:

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: _____

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: _____ <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 your LSC Registration Chair at kyswim@kylsc.org.