### 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)

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 and 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:

**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

# 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

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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

**If any of the above information changes, please notify your LSC Registration Chair at kyswim@kylsc.org.**