### USA SWIMMING – 2018 CLUB APPLICATION

**South Texas Swimming, P.O. Box 592793, San Antonio, TX 78259**

**Email to: registration@stswim.org**

**\_\_\_\_Club Renewal by 12/31/17 - $95.00 \_\_\_\_Club Renewal 01/01/18 or later $195.00 \_\_\_\_New Club Registration - $125.00**



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, 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: Printed Name: 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, 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: Printed Name: 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 Home Owner’s Association
* YMCA
* YWCA
* Other

WHO OWNS THE CLUB

* Coach Owned (\*\*MUST PROVIDE OWNER INFO)
* Boys & Girls Club
* College/University
* Country Club
* Health & Fitness Club
* Hospital
* Jewish Community Center
* Non-Profit Corporation (Parent Board)
* Park & Recreation Department
* Private School
* Public School/District
* Summer Club or Home Owner’s Association
* YMCA
* YWCA
* Other

\*\*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:

**CLUB PRESIDENT**

CLUB PRESIDENT:

ADDRESS:

CITY: STATE: ZIP:

HOME PHONE: BUSINESS: MOBILE:

FAX: EMAIL:

**CLUB REGISTRAR: (Individual responsible for handling/processing registrations. Person receiving USA Membership Cards.**

**NOTE:** If multiple sites/teams swim under **one club code**, recon questions, database corrections, etc. for the club code listed on this form will be directed to club registrar listed here.

CLUB REGISTRAR:

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:

HOME PHONE: BUSINESS: CELL:

FAX: EMAIL:

**CLUB TREASURER:**

CLUB REGISTRAR:

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:

HOME PHONE: BUSINESS: CELL:

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

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

***If any of the above information changes, please notify South Texas Swimming – registration@stswim.org.***