### USA SWIMMING – 2022 CLUB APPLICATION



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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

*Attach additional page(s) as needed.*

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

 **Virginia Swimming**

## 2022 Club Membership Information

|  |  |
| --- | --- |
| DATE:  | WEBSITE URL:  |
| **CLUB CODE:**   | **CLUB NAME:**   |
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| **CLUB PRESIDENT:**   |
| EMAIL:  | PHONE:  |
| MAILING ADDRESS:  |
|  |
| **CLUB CONTACT:**   |
| EMAIL:  | PHONE:  |
| MAILING ADDRESS:  |
|  |
| **HEAD COACH:**   |
| EMAIL:  | PHONE:  |
| MAILING ADDRESS:  |
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| **CLUB REGISTRAR:**  |
| EMAIL:  | PHONE:  |
| MAILING ADDRESS:  |
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| **CLUB TREASURER:**   |
| EMAIL:  | PHONE:  |
| MAILING ADDRESS:  |

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| --- | --- | --- |
| 1. | Name: |   |
|  | Address: |   |
|  |  |   |
|   | Home Phone: |   | Email: |   |
| 2. | Name: |   |
|  | Address: |   |
|  |  |   |
|   | Home Phone: |   | Email: |   |
| 3. | Name: |   |
|  | Address: |   |
|  |  |   |
|   | Home Phone: |   | Email: |   |
| 4. | Athlete’s Name: |   |
|  | Address: |   |
|  |  |   |
|  | Home Phone: |   | Email: |   |
| **ALTERNATES:** |
| 1. | Name |   |
|  | Address |   |
|  |  |   |
|  | Home Phone |   | Email: |   |
| 2. | Athlete’s Name: |   |
|  | Address: |   |
|  |  |   |
|  | Home Phone |   | Email: |   |

**Delegates To Virginia Swimming House Of Delegates**

**[Must be a registered member of USA Swimming]**