

JSSC SWIMMING – 2025 CLUB APPLICATION

CLUB CODE: _____ CLUB NAME: _____

NAME OF OWNER/BUSINESS/LEGAL ENTITY IF DIFFERENT FROM CLUB NAME:

1. _____
2. _____
3. _____
4. _____
5. _____

CLUB SETTING: Municipality Country Club HOA Other/USA club

PLEASE CHECK ONE:

NEW CLUB RENEWING CLUB
(Club is defined as a group with athletes and coaches.)

FIRST YEAR AS A JSSC SWIMMING CLUB: _____ CLUB WEBSITE: _____

STATE CONCUSSION LAWS

By checking this box and signing below, 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: _____ Printed Name: _____ Date: _____

Failure to check this box and sign this statement will result in the club application being rejected.

DELEGATE CONTACT/REPRESENTATIVE (This person will receive JSSC Swimming mailings and be responsible for distributing the information.)

DELEGATE 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.**)

<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"/> College/University	<input type="checkbox"/> Public School/District
<input type="checkbox"/> Country Club	<input type="checkbox"/> Summer Club or Homeowner's Association
<input type="checkbox"/> Health & Fitness Club	<input type="checkbox"/> YMCA
<input type="checkbox"/> Hospital	<input type="checkbox"/> YWCA
<input type="checkbox"/> Jewish Community Center	<input type="checkbox"/> 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 Homeowner's Association
- YMCA
- YWCA
- Other

**NAME OF COACH OWNER: _____

CLUB TAX LISTING

(Please list the club's main tax listing and not the parent's/booster organization 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"/> Does Not Apply
<input type="checkbox"/> Other For-Profit Corporation	

REGISTRATION DATE AND TYPE

REGISTRATION DATE: _____ (For JSSC Use Only)

PLEASE CHECK ONE:

JSSC CLUB

\$100.00 for Summer registration

Check made out to JSSC and mailed to JSSC Treasurer

HEAD COACH

COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____