

# JSSC SWIMMING – 2025 CLUB APPLICATION

CLUB CODE: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_

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

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_

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: \_\_\_\_\_