



# SNS POLICIES AND PROCEDURES

## APPENDIX 1



**Conflict of Interest**

**Conflict of interest and ethical practices of Sierra Nevada/USA Swimming shall be as follows:**

- 1. In the event that any officer, or member of the Board of Directors, Executive Committee, or any other Committee has a financial interest in any contract or transaction involving the LSC, such individual shall not participate in the LSC's evaluation or approval of such contract or transaction unless the material facts of the relationship or interest are disclosed to the Directors or Committee.**
- 2. Each Officer, member of the Board of Directors, Executive Committee, other Committees and each key employee of Sierra Nevada Swimming will execute a Statement of Principles on Ethical Behavior and Conflict of Interest each year.**
- 3. Any member of the Board, any Committee, Staff, and certain Consultants shall refrain from obtaining any list of clients for personal or private solicitation purposes at any time during the term of their affiliation.**

**At this time, I am a board member, committee member, or an employee of the following organizations:**

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**Any exceptions to 1 or 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with Sierra Nevada Swimming.**

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**Date:**\_\_\_\_\_

**Signature:**\_\_\_\_\_

**Printed:**\_\_\_\_\_



**Board Of Directors, Chairs, Staff & Committee Members  
Confidentiality Statement**

It is the policy of Sierra Nevada Swimming that Board Members will not disclose confidential information belonging to, or obtained through their affiliation with, SN Swimming to any person, including their relatives, friends, and business and professional associates, unless SN Swimming has authorized disclosure. This policy is not intended to prevent disclosure where disclosure is required by law.

Confidentiality is the preservation of privileged information. SN Swimming Board Members and other volunteers are cautioned to demonstrate professionalism, good judgment, and care at all times in handling any information related to SN swimming to avoid unauthorized or improper disclosures of confidential information. While board and committee members are expected and encouraged to discuss the organization with one another and targeted publics, they shall not report opinions expressed in meetings, nor shall they report independently on committee action, or engage in any communication that has not been approved by the Board Chair or that would not be supported by board policy, procedures, or decisions.

**Certification**

I have read SN Swimming policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and this statement and to inform the Board Chair immediately if I believe any violation (unintentional or otherwise) of the policy or this statement has occurred.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Position: \_\_\_\_\_ Date \_\_\_\_\_



# SNS POLICIES AND PROCEDURES

## APPENDIX 2

## Registration & Membership Fees

All inquiries about USA Swimming membership and registration should be directed to: Mark Brown

916-201-1254

[markbrown15@gmail.com](mailto:markbrown15@gmail.com)

### 2022 Fee schedule:

#### ATHLETE (ANNUAL\*):

Premium Athlete Membership Fee: .....	\$89.00
Flex Athlete Membership (restricted annual membership) .....	\$20.00
Annual Athlete Outreach Membership Fee (due when applying): .....	\$7.00
Individual Season Athlete Membership Fee (due when applying): .....	\$47.00
Individual Season (Season 3): Valid for 150 days from date of registration	

#### NON-ATHLETE (ANNUAL\* MEMBERSHIPS ONLY):

Non-athlete Membership Fee (due when applying): Individual .....	\$72.00
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#### CLUB (ANNUAL Membership Only\*):

Annual Discounted Club Registration with Sierra Nevada Swimming (due by Jan 1 <sup>st</sup> )	\$100.00
Annual Discounted Club Registration with Sierra Nevada Swimming (after Jan 1 <sup>st</sup> ).....	\$200.00
Annual Club Registration with Sierra Nevada Swimming (after Jan 31 <sup>st</sup> ) .....	\$300.00

All fees for memberships must be paid by either credit card\*\* (Swim-Smarter only) or a check payable to "Sierra Nevada Swimming, Inc.". Transactions will not be processed until payment has been received.

Checks should be sent to the following address and include a team invoice indicating details of what the payment is for:

Sierra Nevada Swimming Inc.  
6721 5<sup>th</sup> Street  
Rio Linda, CA 95765

\*All Annual memberships are valid January 1 through December 31. Registrations received after September 1 are valid through December 31 of the following year.

\*\*A service fee is added to credit card transactions from Swim-Smarter.



# SNS POLICIES AND PROCEDURES

## APPENDIX 3

## REGISTRATION PROCESS

### Club Registration

Clubs shall be registered as a group member of Sierra Nevada Swimming. Membership is subject to USA Swimming policies, rules and regulations and SNS Swimming policies and procedures.

To register, a club shall:

1. Complete club membership application form (available on Sierra Nevada Swimming website).
2. Pay the \$300 annual registration fee (or discounted fee if requirement met).
3. A new club shall follow the procedures outlined in *The Prospective Club Membership Booklet* available from USA Swimming, and must submit the following:
  - a. Club Application
  - b. The Requirement Checklist for First-Year Club Membership and all documents listed on the checklist.
4. New clubs shall complete *Club Leadership and Business Management (CLBMS) 101* before submitting the Club application. Prior to the 2<sup>nd</sup> year, the CLBMS 201 course will need to be completed.
5. Club Registrations expire on December 31<sup>st</sup>. Renewal registrations are due by December 31<sup>st</sup>.

### Individual Registration

1. Clubs shall register their athletes and non-athletes (coaches, officials, and representatives) with SNS Swimming.
  - a. Non-athlete registrations:
    - i. Must be submitted by to the SNS Registrar by mail and checks made payable to Sierra Nevada Swimming.
  - b. Athlete registrations:
    - i. Only electronic registration will be accepted by Sierra Nevada Swimming.
    - ii. Registration can be submitted through [www.swim-smarter.com](http://www.swim-smarter.com)
    - iii. Clubs may register swimmers through their Club Registration software. Registrations are uploaded directly to the SWIMS database from Hy-tek Team Manager or Team Unify. An exported file may also be submitted to the Sierra Nevada Swimming Registrar. Payment is due 5 business days after the registrations are submitted.
2. Registrations are not valid until they are received, with payment, and accepted by the Sierra Nevada Swimming Registrar.
3. Clubs shall file a transfer form for swimmers who were previously registered with a different USA Swimming club.
4. A prospective swimmer may participate in tryouts for no more than 30 consecutive calendar days in a 12-month period. This swimmer shall not have been previously a member of USA Swimming. During the tryout, the individual is not covered by insurance, but the club insurance is still valid.
5. Athletes shall have completed their registration with Sierra Nevada Swimming to compete.



# SNS POLICIES AND PROCEDURES

## APPENDIX 4

to be added





# SNS POLICIES AND PROCEDURES

## APPENDIX 5

## Sierra Nevada Swimming

### LSC CRISIS MANAGEMENT PLAN

At its first meeting following the SNS HOD meeting, the SNS Board of Directors will review the current SNS crisis management plan to ensure that all SNS Board of Directors members are aware of the procedures and their roles during a crisis. The SNS Board of Directors will identify whether the Executive Director or General Chair will be the primary Spokesperson for SNS in a crisis. Regardless of what decision is made about the Spokesperson, if the crisis concerns the General Chair, then the Executive Director will be the Spokesperson and if the crisis concerns the Executive Director, then the General Chair will be the Spokesperson.

At its first meeting following the SNS HOD meeting, the General Chair will bring forth for SNS Board of Directors approval two recommended appointees to serve as a potential crisis Information Officer for the upcoming year. These appointees must be current members of the SNS Board of Directors, be readily available to lead the investigation of a crisis, be thorough and detail-oriented, and possess the ability to remain calm under pressure.

### DESCRIPTIONS AND/OR KEY POSITIONS

**Spokesperson:** Executive Director, General Chair or Designee - The person authorized to speak for the LSC.

**Information Officer(s):** Appointed by the General Chair and approved by the SNS Board of Directors and charged with conducting the preliminary investigation of the crisis by gathering information.

**Crisis Communication Team:** Members of the crisis communication team must be constantly accessible any time of the day or night.

- Primary Team: Spokesperson, Information Officer(s), USA Swimming Representative, Legal Counsel, Office Staff.
- Secondary Team: Remaining members of the SNS Executive Committee and the Secretary. Additional individuals may be included in this team based on their expertise and/or relationship to the situation.

## **CRISIS MANAGEMENT PLAN**

**Notification:** The General Chair should be immediately notified of any impending or existing crisis by staff and/or SNS Board of Directors member.

**Assessment of the Situation:** Upon receiving notification of an impending or existing crisis, the General Chair will either activate an intervention/mediation plan or appoint one of the two approved Information Officers to initiate an investigation.

**Information Officer:** based on the nature of the crisis, the General Chair will appoint an Information Officer from the two candidates previously approved by the SNS Board of Directors to initiate the investigation. This investigation should include:

- Determine what happened.
- Determine when and where it happened.
- Determine who is affected.
- Identify why it happened and what or who caused it.
- Investigate and assess the reaction to the incident.
- Determine possible repercussions of the incident.
- Interview and collect all facts and documents from those affected.
- Determine when more information might become available.
- Legal responsibilities.

**SNS Board Members** should have the Information Officer's contact information and supply him/her with any pertinent information related to the crisis as soon as he/she is made aware of it.

**Activation of Crisis Communication Team:** Depending on the situation, the Information Officer will convene the primary and/or primary and secondary crisis communication team(s) via conference call or in-person meeting.

- The crisis communication team will be alerted by a phone call. It is imperative that the Information Officer has up-to-date contact information for all members of the crisis management team.

**The Information Officer** may engage others in the process based on the situation.

### **Crisis Communication Team: Before Going Public**

- Based on information gathered and presented by the Information Officer, the crisis communication team will assess the situation. Determine the facts and begin planning.
- The crisis communication team will formulate an appropriate response to the crisis.
- The crisis communication team will construct a plan/process and timetable that appropriately addresses the crisis.

### **Crisis Communication Team: Going Public**

- The Information officer in consultation with the General Chair alerts key stakeholders.
- The Spokesperson begins external audience outreach.
- Update the website as needed.

### **Crisis Communication Team: After Going Public**

- Continually evaluate the effectiveness of the message as the situation progresses.
- Implement methods for updating both internal and external audiences with new information as it becomes available.
- Distribute post-crisis communications to appropriate audiences.

### **Post Crisis Review**

- Secure Loose Ends: Appropriate communications should be made to the appropriate audiences (including the SNS Board of Directors and members) summarizing the resolution of the crisis. Check to be sure interaction with all media contacts has been completed.
- File all notes, video/sound clips, Talking points, communications, etc. into an electronic file to be housed permanently with SNS. The hard copies of all official documents should be filed and kept also at SNS's office.
- Update and revise the crisis communication plan to reflect any suggested changes and present to the SNS Board of Directors for approval.
- Re-convene the crisis communication team to evaluate the effectiveness of the crisis management plan. If appropriate, engage the Board of Directors in this review.

## **DISASTER RECOVERY PLAN**

It is imperative that SNS has procedures in place to continue its business in the event of a disaster that causes damage to and/or threatens the LSC's IT systems. It is the responsibility of each staff member, in collaboration with the General Chair and the Treasurer, to ensure that an effective plan is constructed and communicated. Components of that Plan should include the following:

- Maintain a complete inventory of all physical assets of SNS. Update databases and spreadsheets annually and record major acquisitions as they occur.
- Maintain a daily online backup of the office computers, key databases, and financial files.
- Storage of copies of all bank account numbers, legal documents, board minutes, committee reports, insurance policies, etc. in a safe and secure place.
- Construction of a document that contains emergency contact information for all staff and members of the executive committee and secretary to be shared with members of both entities.
- Establishment of a network of community organizations that could be called upon during specific type of crises.
- Review and revision of disaster recovery plan at least once a year with office staff and the General Chair and Treasurer.

**SNS CRISIS COMMUNICATION TEAM**

*To be completed by the SNS Board of Directors at the first Board meeting following the SNS HOD meeting.*

	<b>Name</b>	<b>Position</b>	<b>Phone</b>	<b>Email</b>
<b>Spokesperson</b>				
<b>Alternate Spokesperson</b>				
<b>Information Officer</b>				
<b>Information Officer</b>				



# SNS POLICIES AND PROCEDURES

## APPENDIX 6



1 Olympic Plaza  
Colorado Springs, CO  
80909-5770  
o. 719.866.4578  
f. 719.866.4050  
usaswimming.org

TO: USA Swimming Local Swimming Committees  
USA Swimming Member Clubs

FROM: USA Swimming, Inc.

RE: **2022 LSC and Club Insurance Packet**

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Enclosed is the USA Swimming **2022 General Liability, Excess Liability and Excess Accident Medical Proof of Insurance** for member clubs and Local Swimming Committees (LSCs). The first Certificate of Liability Insurance (e.g., a IOA Class-1 certificate) in this packet is proof of your General Liability insurance coverage. It describes both the types of insurance coverage provided by USA Swimming as well as the limits of liability for covered activities. The second Certificate of Liability Insurance in this packet is proof of your Excess Accident Medical Insurance.

**General Liability & Excess Liability Additional Insured Certificates** (e.g., an IOA Class-2 certificate)

Additional Insured certificates, or Class-2 certificates, are requested through IOA Insurance Services. IOA Insurance Services requires LSCs and member clubs to request Class-2 certificates from IOA directly. This can be accomplished by submitting a form either:

- Online at <https://fs22.formsite.com/usaswimming/IOA/index.html> or
- By emailing the **fully completed** IOA-USA Swimming General Liability Certificate Request Form (available on page 5 of this packet) to [USASCOI@ioausa.com](mailto:USASCOI@ioausa.com).

A separate request form should be completed for each location requiring a Class-2 certificate. IOA will monitor and respond to requests between 6:00 a.m.–6:00 p.m. (Mountain) Monday – Friday. A completed certificate will be emailed by the IOA Service Team to your facility and your club. This email will be sent from [mail-server@csr24.email](mailto:mail-server@csr24.email). If the facility requires special wording/endorsement, you will need to contact the IOA Service Team at [USASCOI@ioausa.com](mailto:USASCOI@ioausa.com). Be sure to include the name of your club, the name of the facility, and the special wording or specific endorsement required on the IOA-USA Swimming General Liability Certificate Request Form. If you need to speak with someone immediately, contact James Gauss (407-998-4274) or Paige Montgomery (303-565-1126).

If you have an emergency, need after hours or weekend service, or have any questions regarding the General Liability and Excess Liability Insurance Program, please contact John Burkart, Esq. ([John.Burkart@ioausa.com](mailto:John.Burkart@ioausa.com), 949-466-5407) or JD Wallum ([JD.Wallum@ioausa.com](mailto:JD.Wallum@ioausa.com), 719-651-5582).

**ATTENTION NEW CLUBS:** For new member clubs, USA Swimming will request the IOA Service Team issue an Evidence Only General Liability Certificate for your records. All other certificate requests (for the facility, etc.) need to be made by submitting a request online via <https://fs22.formsite.com/usaswimming/IOA/index.html> or by emailing the IOA-USA Swimming General Liability Certificate Request Form to [USASCOI@ioausa.com](mailto:USASCOI@ioausa.com).

All Report of Occurrence Forms are submitted directly to USA Swimming online at: [www.usaswimming.org/roo](http://www.usaswimming.org/roo).

USA Swimming Insurance and Risk Management Information can be found at: [www.usaswimming.org/insurance](http://www.usaswimming.org/insurance).

If you have a question about the Excess Accident Medical Insurance Policy, please contact Sandi Blumit at RMS at 1-800-777-4930 (x12).

Other insurance coverage may be necessary for LSCs and clubs such as Directors & Officers insurance coverage (especially for non-profit boards) or Workers Compensation insurance coverage. Those insurance programs can be purchased through a local agent or at <https://usasmarketplace.com>. Property and Crime insurance may also be necessary to protect LSC or club-owned property or money and securities managed by the LSC or club.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Risk Management Services, Inc. P.O. BOX 32712  Phoenix AZ 85064-2712	<b>CONTACT</b> Carolyn J Blumit	
	<b>PHONE</b> (A/C, No, Ext): (602) 840-3234	<b>FAX</b> (A/C, No): (602) 274-9138
	<b>E-MAIL</b> sblumit@theriskpeople.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Zurich American Insurance Co	<b>NAIC #</b> 16535
<b>INSURED</b> (719) 866-4578 USA Swimming, Inc. dba USA Swimming etal  One Olympic Plaza  Colorado Springs CO 80909-5770	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: Cert ID 27558

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EAEMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	XS Accident-Medical			1X-ZPX-00004851157-00	01/01/2022	01/01/2023	Maximum Limit \$ 25,000 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Verification of Participant Accident-Medical Insurance.

**CERTIFICATE HOLDER**

To Whom Ity May Concern

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## **Covered Activities**

With respect to USA Swimming member clubs, group members, member coaches, volunteers and additional insured owners/lessors of premises, sponsors and co-promoters, "Covered Activities" are defined as:

1. Swimming meets that have been issued a written sanction or approval. Approval means a permit issued by one to the USA Swimming, Inc. Local Swimming Committees for swimming meets conducted in conformance with USA Swimming, Inc. technical rules in which members and non-members may compete. USA Swimming, Inc. member clubs that either host or participate in a swimming meet that has been issued an approval will be considered an insured provided that all of its athletes or participants and coaches are members of USA Swimming, Inc.
2. Swimming practices, dry land training activities, camps and learn to swim programs where all swimmers or participants are members of USA Swimming, Inc. or U.S. Masters Swimming and are conducted under direct and active supervision of a member coach. Dry land training activities means weight training, running calisthenics, exercise machine training, and any other activity for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
3. USA Swimming, Inc., Swim-A-Thons, fundraising activity which clubs can purchase for lap-a-thons.
4. Approved social events and approved fundraising activities that are social events and activities for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
5. Swimming tryouts. Swimming tryouts means swimming practices where a swimmer(s) who is not and how has never been a member of USA Swimming, Inc. participates with a USA Swimming, Inc. club for a period not to exceed thirty consecutive days in a twelve-month period to determine the swimmer's interest in becoming a member of USA Swimming, Inc.
6. Office premises liability for member clubs and LSCs.
7. STSC, CPR and Lifeguard Certifications of USA Swimming member coaches done by USA Swimming member coaches that are member representatives of one of the approved agencies listed on the USA Swimming STSC In-Water Skills Checklist.
8. "Organized practices" that have been reported and a premium has been paid for. Organized practices are defined as recreation league meets hosted by USA member clubs with community teams that are not USA Swimming member clubs.



# General Liability Certificate of Insurance Request Form

Date of the Cert Request:	
Swim Club Name:	
Swim Club Address: City, State, Zip	
Swim Club Member #:	
Swim Club Contact that Completed the Request Form:	
Swim Club Contact Phone & Email Address:	
Certificate Holder Name:	
Certificate Holder Mailing Address	
Certificate Holder Email Address :	
Event Description:	
Type of Certificate Requested:	@ Class-1 (Proof of coverage only) Class-2 (Proof of Coverage and confirmation that the Certificate Holder is an Additional <b>Insured</b> ) Class>3 (Used when the Additional Insured requires specific endorsements, such as Additional Insured form CG 2012 or CG2026, specific Waiver of Subrogation, etc.)
Details of Any Specific Certificate Requests from the Certificate Holder:	

1. Please include a copy of the facility use or other agreement provided by the certificate holder, if available.
2. A separate form should be requested for each location
3. Please **forward completed COI request form to:**  
 IDA Insurance Services  
 Attn. USA Swimming Service Team  
 E-mail: USASCDI@ioausa.com

**Instructions for Completing the  
IOA–USA Swimming General Liability Certificate Request Form**

- 1) Download or save the IOA-USA Swimming General Liability Certificate Request Form.
- 2) Complete the IOA-USA Swimming General Liability Certificate Request form for the first certificate holder.
- 3) Save the PDF form by selecting “File” and then “Save As”.
- 4) Rename the form to reflect the next certificate holder and click “Save”.
- 5) Update the Certificate Holder information rows.
- 6) Save.
- 7) Repeat steps 3-7 for each certificate request.
- 8) Email the completed form to [USASCOI@ioausa.com](mailto:USASCOI@ioausa.com).

**USA Swimming  
2022  
General Liability, Excess Liability and Excess Accident Medical  
Insurance Summary**

<b>Table of Contents</b>	<b>Page</b>
Membership Protection	2
General Liability/Excess Liability Insurance Program	3
Who is Insured	3
Coverage & Limits of Liability	3
Exclusions	4
Insured Activities	5
Excess Accident Medical Insurance	6
Reporting Requirements/Online Report of Occurrence Form	6
Liability Provisions in Club Contracts	6
Liability/Medical Release Form	7
Optional Insurance	8

**USA Swimming**  
1 Olympic Plaza  
Colorado Springs, CO 80909-5770  
Phone: 719/866-4578  
FAX: 719/866-4050

**The following is a narrative summary of coverage provided by the various policies and is not intended to change, modify or negate any policy terms, provisions, conditions and/or exclusions.**

## **MEMBERSHIP PROTECTION:**

USA Swimming's policy for membership protection is:

- To provide safety education for its membership;
- To provide excess accident medical protection for USA Swimming members who may suffer injuries while participating in insured activities;
- To provide evidence of financial responsibility so that USA Swimming clubs can conduct insured activities.

To implement this policy, USA Swimming has adopted two major programs:

- Excess Accident Medical Protection
- General Liability & Excess Insurance

These programs are intended to provide reasonable protection for USA Swimming athletes, non-athlete members and clubs.



## LIABILITY INSURANCE PROGRAM

### A. General Liability

*Insurance Company:* Accredited Surety and Casualty Company, Inc.  
*Policy Number:* **1-TPM-IN-17-01269002**  
*Policy Term:* January 1, 2022 to January 1, 2023 (12:01 a.m. Mountain Standard Time)

#### *Who is Insured:*

- Named Insureds
  - USA Swimming, Inc. dba USA Swimming
  - USA Swimming member clubs and Local Swimming Committees
  - USA Swimming Foundation, Inc.
- Other Insureds - Clubs or Group Members but only as respects liability arising from "Covered Activities":  
USA Swimming, Inc. member clubs, in which all athletes or participants and coaches are members of USA Swimming, Inc., group members, volunteers and "**member coaches**" solely as respects to "bodily injury" and "property damage" arising from "covered activities" for which a group member has received approval from USA Swimming, Inc. or its authorized representative.

#### *Coverage & Limits:*

Coverages	Limits of Liability
<b>Bodily Injury and Property Damage Combined</b>	<b>\$2,000,000 Each Occurrence Per Event</b>
<b>General Aggregate</b>	<b>\$4,000,000 Per Event</b>
<b>Personal Injury and Advertising Injury</b>	<b>\$2,000,000</b>
<b>Damage to Rented Premises</b>	<b>\$2,000,000</b>
<b>Products-Completed Operations</b>	<b>\$2,000,000 Annual Aggregate</b>
<b>Medical Payments (third party)</b>	<b>\$5,000 Any One Person</b>
<b>Participant Legal Liability – Occurrence</b>	<b>Included</b>
<b>Participant Legal Liability – Aggregate</b>	<b>Included</b>
<b>Sexual Abuse/Molestation</b>	<b>\$2,000,000 Each Occurrence</b>
<b>Sexual Abuse/Molestation</b>	<b>\$4,000,000 Annual Aggregate</b>
<b>Employee Benefits Liability</b>	<b>\$2,000,000 Each Claim (\$1,000 Deductible)</b>
<b>Employee Benefits</b>	<b>\$2,000,000 Annual Aggregate</b>

### B. Excess Liability

*Insurance Company:* Accredited Surety and Casualty Company, Inc.  
*Policy Number:* **1-TPM-IN-17-01269003**  
*Policy Term:* January 1, 2022 to January 1, 2023 (12:01 a.m. Mountain Standard Time)

#### *Coverage & Limits:*

Coverages	Limits of Liability
<b>Each Occurrence</b>	<b>\$3,000,000</b>
<b>General Aggregate</b>	<b>\$3,000,000</b>

Who Is An Insured: **Named Insureds** and **Other Insureds** (See General Liability for definitions)

**Exclusions-OTHER INSUREDS ONLY:** (The following list is not inclusive)

This insurance does not apply to bodily injury and/or property damage, claims or suits arising out of or related to:

- The use of a diving board or diving platform regardless of when it occurs, how it occurs and/or whether it is related to **Insured Activities**. This exclusion does not apply to starting platforms as described by the technical rules of USA Swimming, Inc. in effect on the date of the **occurrence**.
- Racing starts in a water depth less than the minimum required in the USA Swimming Inc. (dba USA Swimming) Technical Rules or by any municipal, local, or state ordinance, regulation, code, or statute in effect at the date of the occurrence.
- Any occurrence arising out of or related to any sporting activity other than swimming. This exclusion does not apply to dryland training activities and intra club water polo.
- The ownership, entrustment, maintenance, operation, use, loading or unloading of any **automobile** or **aircraft** owned or operated by or rented or loaned to any insured, or any other **automobile** or **aircraft** operated by any person in the course of his employment by any Insured.
- Any obligation for which the Insured or any carrier as his insurer may be held liable under any workers' compensation, unemployment compensation or disability benefits law, or under any similar law.
- Employment-related practices including but not limited to wrongful termination, discrimination or sexual harassment.
- Any intentional acts.
- *Pollution with Hostile Fire & Water Treatment Chemicals exception.*
- **Player vs. Player**
- **Climbing Walls, Fireworks, Hot Air Balloon, Dunk Tanks, Haunted Houses, Amusement Devices, Rodeos, Bungee Operations & Concerts.**
- **Excess Liability coverage for Sexual Abuse/Molestation unless required by contract**

This description of coverage summarizes the provisions of the Accredited Surety and Casualty Company, Inc. policy issued to USA Swimming. Should there be any discrepancy between the policy and this description, policy provisions will prevail.

***Insured Activities-OTHER INSUREDS ONLY: (Inclusive)***

The insurance afforded by this policy applies to any Other Insured for insured activities. Insured activities are defined as:

- Swimming meets that have been issued a written meet sanction or a meet approval. Approval means a permit issued by one of the USA Swimming, Inc. Local Swimming Committees for swimming meets conducted in conformance with USA Swimming, Inc. technical rules in which members and non- members may compete. USA Swimming, Inc. member clubs that either host or participate in a swimming meet that has been issued an approval will be considered an insured provided that all of its athletes or participants and coaches are members of USA Swimming, Inc.
- Swimming practices, dryland training activities, camps and learn-to-swim programs where all swimmers or participants are registered as athlete members of USA Swimming or U.S. Masters Swimming and which are conducted under the direct and active supervision of a USA Swimming member coach. Dryland training activities means weight training, running, calisthenics, exercise machine training, and any other activity for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
- United States Swimming, Inc. Swim-A-Thons®, fund raising activity which clubs can purchase for lap-a-thons.
- Approved social events and approved fund raising activities that are social events and activities for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
- Swimming Tryouts. Swimming tryouts means swimming practices where a swimmer(s) who is not and who has never been a member of USA Swimming, Inc. participates with a USA Swimming, Inc. club for a period not to exceed thirty (30) consecutive days in a twelve (12) month period to determine the swimmer's interest in becoming a member of USA Swimming, Inc.
- Lifeguarding services provided by club employees, group members or volunteers for the benefit of **the club only**. Individuals must be lifeguard certified.
- Office Premises liability for LSCs and Member Clubs.
- STSC, CPR, and lifeguard Certifications of USA Swimming member coaches done by a USA Swimming member coaches that are member representatives of one of the approved agencies listed on the USA Swimming STSC In-Water Skills Checklist.
- Error & Omissions Liability Coverage for Coaches and Officials.

**Member coach** is defined as a coach member of USA Swimming who has completed Safety Training for Swim Coaches and CPR as well as successfully completed a Background Check, and if applicable, Coaches Education as required by USA Swimming.

***Certificates(requesting):***

- **Liability Certificates.** Generic Proof of Coverage Certificates for clubs are automatically sent to each registered USA Swimming member club with the yearly club insurance packet. Additional certificates are available upon request from USA Swimming National Headquarters.
- **Additional Insured Endorsements and Certificates.** Additional Insured Certificates and Endorsements are by completing the attached IOA-USAS General Liability Certificate Request Form.

## EXCESS ACCIDENT MEDICAL INSURANCE DESCRIPTION OF COVERAGE

**Carrier:** Zurich American Insurance Company  
**Policy Number:** 1X-ZPX-00004851157-00  
**Policy Term of Coverage:** January 1, 2022 to January 1, 2023  
**Insureds:** Members and volunteers of USA Swimming

**When Coverage Starts:** Coverage is a benefit of membership in USA Swimming and begins upon receipt of the completed membership application form with appropriate fee and acceptance by the LSC Registration/Membership Chair or its designee. *Volunteers are provided coverage when they are working on behalf of and with the approval of USA Swimming or its representatives.*

**When Coverage Is In Effect:** USA Swimming members and volunteers are covered while participating in a USA Swimming supervised, sponsored, sanctioned or approved event including:

- Competitions and meets;
- Organized practice sessions;
- Approved social and fund raising activities;
- Swim-a-thons
- Travel to and from competitions, meets, events, organized practice sessions, approved social and fundraising activities at the direction of a coach or club board of directors;
- Observed Swim Meet events for USA Swimming Officials only

### **Coverage Outline:**

When covered Injuries result in treatment by a Legally Qualified Physician beginning within 90 days of the accident, the Medical Expense incurred in excess of the Medical Deductible, if any, will be paid. Benefits will not exceed a maximum of \$25,000.00. Benefits must be Medically Necessary and shall not exceed the Usual and Customary charges in the geographic area where treatment is performed. Only covered Medical Expenses incurred by the Insured within 52 weeks from the date of the accident are covered.

### **Benefits:**

- \$25,000.00 maximum per occurrence for Accident Medical Expenses. Eligible Medical Expenses are: (a) Treatment by a Legally Qualified Physician; (b) Care or services from a Hospital or Ambulatory Surgical Center; (c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage; (d) Professional ambulance service; (e) Orthopedic appliances; (f) Injuries to sound and natural teeth (g) Non pre-existing heart or circulatory malfunction.
- **\$1,000.00 maximum per occurrence for Chiropractic or Physical Therapy treatment/expenses**

### **Deductible/Excess:**

**This program is excess of any other insurance in place through the member's or volunteer's employment, school or family.** Benefits for Medical Expense will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation. The deductible amount is the total of all other collectible benefits from primary insurance sources applicable to the Injury **or** \$100.00 of medical expenses when there is no primary insurance available.

### **Exclusions and Limitations:**

No coverage is provided for: (a) suicide while sane or intentionally self-inflicted injury while sane; (b) Injuries caused by an act of declared or undeclared war; (c) Injuries received while in the armed service (d) Injuries received while acting as a pilot or crew member; (e) Injuries resulting from air travel, except while as a passenger for transportation only; (f) Injuries resulting from the Insured's engagement in or attempt to commit a felony or being engaged in an illegal occupation; (g) Injuries received while under the influence of any controlled substance, unless administered on the advice of a Legally Qualified Physician; (h) Injuries received while Intoxicated; (i) Injuries sustained while traveling, except as specifically provided; (j) the cost of eyeglasses, contact lenses or examinations for either; (k) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth; (l) injuries covered by workers' compensation or employer's liability laws; or (m)

**any health related expenses;** and (n) Elite Athletes.

***How to File a Claim:***

Claim forms are sent to the injured party, or the party's parents if a minor, upon USA Swimming National Headquarters receipt of a completed **Report of Occurrence** form and verification of the injured party's USA Swimming membership. Once the claim form for is submitted to K&K Insurance for processing, they will send an acknowledgement letter with the claim number and contact person. All bills must be submitted to any group hospital/medical and/or HMO coverage for which the member is eligible. Copies of any Explanation of Benefits (paid or denied) documents from an individual or group hospital/medical and/or HMO coverage must accompany all itemized bills.

**Completed claim forms should be submitted to K&K Insurance Group, Inc. as directed on the claim form.** Additional claim forms may be obtained by contacting USA Swimming National Headquarters.

**This description of coverage summarizes the provisions of the Zurich American Insurance Company policy issued to USA Swimming. Should there be any discrepancy between the policy and this description, policy provisions will prevail.**

### **Reporting Requirements: (All liability policies)**

All claims or incidents must be reported immediately to the USA Swimming National Headquarters and IOA Insurance Services, Inc. To submit an incident please use the USA Swimming Online Report of Occurrence Form by going to this link on the website to complete the form: <http://www.usaswimming.org/ROO>. You will receive a confirmation email along with the submitted data which you can save or forward as directed by your LSC.

It is imperative that no person admits liability or responsibility or discusses any aspect of an incident with anyone other than an authorized insurance company claims representative of USA Swimming, law enforcement authorities or emergency medical personnel.

### **Liability Provisions in Club Contracts:**

Almost every USA Swimming member club is a party to a contract with an owner of a swimming pool, public or private. Almost all USA Swimming members, including LSCs and the national organization itself, will, at one time or another, enter into contracts for the use of a swimming venue for a meet or other authorized aquatic activity.

Such contracts will include standard language as to time of use, compensation, maintenance and the like. Such contract will also contain language with regard to the tort liability of both parties during the use of the facility. The owner will usually include indemnification and hold-harmless clauses for itself on liability for bodily injury and property damage resulting from the negligence of the USA Swimming Member, its officers, agents and employees.

It will be impossible to avoid such releases or waivers couched in general language. The owners, or their attorneys, may insist on this.

However, it is extremely important that the USA Swimming Member Club, LSC, etc., does not sign a contract containing language which indemnifies or exculpates (clears from alleged fault or guilt) the owner from liability for damages resulting from the **sole negligence of the owner, or its agents and employees**. Such language may or may not be valid in your particular state. If it is, it is usually subject to strict interpretation.

If you are in doubt on this, consult an attorney in your own state and at the same time refer him/her to the USA Swimming Secretary & General Counsel.

If you see the following language, or anything similar to it, consult legal counsel at once before signing the agreement:

*Club (LSC) agrees to indemnify Owner against all liability loss, or other damage claims or obligations because of or arising out of personal injury or property damage, related to Club's (LSC) use and occupancy of the premises, including that caused by the negligence of the Owner or its agents or employees.*

**LIABILITY RELEASE AND INDEMNIFICATION FORM**

I, the undersigned participant and parent, request voluntary participation for minor to participate in the \_\_\_\_\_ activity on \_\_\_\_\_(date) which begins at \_\_\_\_\_(time) and ends at \_\_\_\_\_(time) sponsored by \_\_\_\_\_ all of which are hereinafter referred to as the "activity".

I consent to my/minor's participation in the activity and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

**Release – Minor's Rights:**

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless USA Swimming, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in this USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
(Print name of minor) (Signature of minor) (Date)

**Release – Parents'/Guardians' Rights:**

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in this USA Swimming event. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

\_\_\_\_\_  
(Print name of Parent/Guardian) (Signature of parent) (Date)

**Indemnification by Parent/Guardian:**

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in this USA Swimming event.

\_\_\_\_\_  
(Print name of Parent/Guardian) (Signature of parent) (Date)

Send completed Liability Medical Release form to: IOA  
Insurance Services, Inc.  
Attn: USA Swimming  
Service Team  
P.O. Box 162207  
Altamonte Springs, FL 32716  
[usascol@ioausa.com](mailto:usascol@ioausa.com)

## Optional Insurance

The following optional insurance coverages may be obtained on an individual basis by USA Swimming clubs. For further information, contact:

Risk Management Services, Inc.  
P.O. Box 32712  
Phoenix, AZ 85064-2712  
Website: [www.rmsswimminginsurance.com](http://www.rmsswimminginsurance.com)

Phone: (800) 777-4930 toll free  
or (602) 840-3234  
Fax: (602) 274-9138

### **Directors and Officers & Employment Practices Liability Insurance for USA Swimming Member Clubs**

*Definition.* Provides coverage for defense costs and liabilities incurred by insured directors and officers arising out of claims alleging that an insured has committed "wrongful acts," which means any error, misstatement, misleading statement, act, or omission, neglect or breach of duty by policy definition. This coverage specifically excludes bodily injury or property damage claims which would likely be covered by the general liability policy. Also provides coverage for wrongful termination(s), harassment and other employment related situations.

Limit of Liability. \$1,000,000

Deductible. \$1,000 for the organization for Directors & Officers Liability.

\$2,500 for the organization for Employment Practices Liability.

Premium. Minimum \$425

Requirements. Submission of a signed application; prepaid premium.

### **Crime Coverage for USA Swimming Member Clubs**

Provides coverage for dishonest acts of employees or volunteers

Limit of coverage. \$25,000

Deductible. \$250

Cost. \$190 or \$280 depending on number of employees

### **Special Activities/Events**

Provides liability insurance for some activities not insured under the USA Swimming program (e.g., learn to swim programs for non-members).

**We strongly recommend the Member Clubs consider purchasing Workers Compensation, Property Insurance for equipment and a Business Owners Package Policy if the club has an office premises. Contact Risk Management Services, Inc., or see the Optional Coverages now offered by USA Swimming or contact a local agent to purchase these coverages.**





# SNS POLICIES AND PROCEDURES

## APPENDIX 7

Sierra Nevada Swimming

# Financial Policies

Alison Turner & Associates, Inc.  
Certified Public Accountants  
Created February 11, 2021

## **SIERRA NEVADA SWIMMING FINANCIAL POLICIES**

Sierra Nevada Swimming (herein after referred to as SNS) adopts the following Financial Policies.

### **I. ACCOUNTING POLICIES**

#### **A. Accounting Method**

It is the policy of SNS to use the cash basis of accounting that recognizes revenues when they have been deposited and expenses when they have been paid for internal reporting and tax purposes.

#### **B. Accounts Payable Accruals**

It is the policy of SNS to not accrue expenses and pay vendors and contractors for services as the expense is submitted for payment.

#### **C. Long-Term Debt**

It is the policy of SNS to avoid debt. However, if the board makes capital purchases that require financing, it is the policy to include the current portion of long-term debt (the amount due to be paid within 12 months) with current liabilities on the financial records. Only the non-current portion of long-term debts will be included in the long-term debt section of the financial records.

#### **D. Chart of Accounts**

It is the policy of SNS to maintain a chart of accounts. All employees involved with account coding responsibilities or budgetary responsibilities will be issued a chart of accounts, and the chart of accounts must be updated on a routine basis.

#### **E. Check Disbursements**

It is the policy of SNS to keep unused check supplies safeguarded under lock and key. All check disbursements will require approved invoices or expense vouchers.

Expenses incurred by any member which have not been funded and approved will not

be paid by SNS.

#### **F. Check Signers**

For expenses \$5,000 or greater, the invoice will be sent electronically to the Board's Chairperson, Administrative Vice-Chair, Executive Director, and Finance Chairperson for dual approval before it is paid or check issued. Any two of the listed are needed for approval.

SNS accounts have the Executive Director, Board Chairperson and SNS Accountant as designated check signers.

#### **G. Contract Signing Authority**

It is the policy of SNS to grant authority to sign contracts to the Executive Director, as long as the financial implications of the contract are included in the SNS budget. Unless expressly authorized by the Board Chairperson, no officer, director, committee member or any other person may sign a contract or obligate SNS or its funds in any way.

#### **H. Reimbursement for Travel and Other Miscellaneous Expenses**

It is the policy of SNS to reimburse the staff, or approved SNS coaches, officials or members participating in LSC or USA Swimming programs for appropriate expenses incurred while traveling. All reimbursement of travel and expenses should follow the SNS Travel and Entertainment Policy and Procedures. Properly documented expense reports will be approved by the Executive Director and paid by SNS.

#### **I. Segregation of Duties**

It is the policy of SNS to work with SNS's independent CPA firm to ensure adequate segregation of duties exist. Suggestions on improving controls through duty segregation will be given serious consideration, and employees will be required to participate in the interest of both SNS and the employee.

#### **J. Control Policy**

SNS does not allow for checks made out to Cash. Checks made out to personnel are for reimbursable expenses with dated receipts.

The SNS accounting firm, currently Alison Turner & Associates (ATA) does make out checks to itself to pay monthly itemized bills for services, and for subscriptions it pays

on behalf of SNS.

SNS Treasurer will keep Board apprised of all payables and unusual expenses.

Unsigned blank checks are kept in a locked cabinet at ATA or the current accounting firm.

#### **K. Fiscal Year**

The fiscal year begins September 1.

#### **L. Funds**

SNS has three funds established: General, Age Group, Senior. Meet fees are allocated to each of these funds in a formula set forth by the Board of Directors each year.

The SNS Registrar will provide the breakdown of fees allocated into each fund with every deposit of Meet Fees as computed in Section 2.B of the SNS Rules and Regulations.

Meet fees payments by host teams must be made with 40 days of completion of meet or fines will be assessed as stated in Section 3.E of the SNS Rules and Regulations.

#### **M. Bank Reconciliations**

SNS bank activity is reviewed weekly and statement reconciliations are performed monthly.

#### **N. Outstanding Checks**

SNS will monitor its written checks on a monthly basis. If a check is not cashed within 30 days, the Treasurer and Executive Director will work together to contact payee and make sure the check has been received. At 60 days, if check is still uncashed, the Treasurer and Executive Director will work together to contact payee again and give them 30 days to cash check or forfeit funds. At 90 days, the check will be voided/stopped. Payee can at this time issue a new bill or request for payment from SNS.

## **II. REVENUES AND FUNDS DUE**

SNS has fees and fines identified and amounts defined in the Rules and Regulation Document. All such payments shall be made to the Registrar or his/her representative. The general procedures are:

## Revenue

- A. Payment to SNS by a host team of their portion of meet fees shall be made within 40 days of the meet. Completion of a meet establishes debt of the host team to pay portion of the fees due SNS, without further notice from SNS officials.
- B. Registrations to USA Swimming are processed in several ways. Swim-smarter.com handles the swimmer registrations. Non-athlete members (Officials, board members, etc.) are sent via check. Team and coach registrations are also sent by check.

## Fines

- A. It shall be the function of the official involved to notify the Registrar, or his/her authorized representative of the amount of fees or fines established, why it is due, and who is responsible for payment.
- B. Fines are due and payable at the time of establishment of the fine in accordance with the applicable section of this Manual. All SNS fines will be paid into the general fund. If the debt is a fine which requires immediate payment, the Registrar shall make such notification necessary to bar entry or competition in future meets.
- C. If the debt is Entry Fee(s) not paid at a meet, the swimmer or team involved shall be barred from entering another meet until the debt is paid.

## Judgment

At each Board/House meeting the Finance Vice Chair, Treasurer or Trustees shall report unpaid fees or fines which have not been paid and ask the Board/House for a determination of Judgment of funds due. If approved, the Treasurer, or representative, shall initiate the procedures for collection of funds.

## Reporting

- A. **Meet Fees**  
The SNS Registrar should provide monthly reports detailing meet fees by meet and broken down into the three SNS funds: Age, Senior, General owed by each host team.
- B. **Sanction Fees**  
The SNS Registrar should provide monthly reports on sanctions issued and sanction fees owed by each host team.

### **C. Registrations**

The SNS Registrar should provide monthly reports on registrations broken down in the same categories as the USA Swimming Monthly Registration Report.

All three reports should be reconciled monthly by the Treasurer against bank deposits. Over or underpayments should be brought to the attention of the Registrar and Financial Vice Chair so they can determine if efforts are needed to collect funds due or return overpayments.

## **III. ACCOUNTS RECEIVABLE WRITE-OFF POLICY**

It is the policy of SNS to ensure that all available means of collecting accounts receivable have been exhausted before write-off procedures are initiated. If after following collection procedures a receivable is deemed uncollectible, approval from the Board, is required before write-off implementation of any receivable over \$500. For any receivable under \$500, two of the following four individuals: Board's Chairperson, Administrative Vice-Chair, Executive Director, and Finance Chairperson, must approve the write-off.

It is the policy of SNS that the following actions occur prior to write-off procedures being initiated:

1. Get a signed commitment letter as soon as a funding agreement is reached.
2. Send invoice out as soon as signed commitment letter is received.
3. SNS staff to provide monthly monitoring of accounts receivable list and generate an invoice every month until payment is received.
4. After 120 days, initiate involvement from Finance Committee so that the individual case may be evaluated and next steps may be assessed.

A listing of all write-offs for the current month should be included with the monthly financial statements for review by the Finance Committee.

If write-off procedures have been initiated, the following accounting treatment applies:

1. Invoices written off that are dated during the current year will be treated as a reduction of the appropriate revenue account.
2. Invoices written off that are dated prior to the current year will be treated as bad debt.

## **IV. TRAVEL REIMBURSEMENT POLICY AND PROCEDURES**

**Must comply with the Travel and Entertainment Policy and Procedures**

## **A. Staff & Board of Directors**

It is the policy of SNS to reimburse parking fees to attend any in-person House of Delegates meeting. Parking receipts are required and electronically sent to the SNS Treasurer within 15 days of meetings.

## **B. Coaches, Officials, Members**

It is the policy of SNS to reimburse travel expenditures to attend any in-person training, seminar, camp, or special program not already reimbursed by USA Swimming or other sponsoring organization. Per Diems for food and incidentals for travel days on either end of the trip are also permissible and paid at a rate determined by the Executive Director and will be pro-rated if meals are provided as part of the program. Trip expenses should be submitted to the SNS Treasurer as one report within 15 days of returning from trip.

## **C. Funding of SNS Representatives at the USA Swimming Annual Meeting**

The SNS Board shall determine the selection of individuals to be funded to attend the USA Swimming Annual Meeting in accordance with the budget and needs of SNS. The delegates to USA Swimming Annual Meeting shall normally be:

1. General Chair
2. Admin Vice Chair
3. Senior Vice Chair
4. Age Group Vice Chair
5. Finance Vice Chair
6. Coaches Representative
7. Athlete Representatives (2)

Exception: When SNS members filling these positions are delegates to the USA Swimming House by way of other activity or cannot attend, the SNS House or Board may elect to send other members in their place.

Travel Expense: The amount to be established for Travel Expense shall be determined in the budget or by the Board as a part of the General Fund. It shall be divided equally among delegates. Each delegate must register and attend USA Swimming Convention sessions for at least three days. Funding to any individual may be in whole or in part for travel expenses, hotel, registration and meals.

## **D. Senior Travel Fund**



The reimbursement of costs associated with senior travel meets is spelled out in Section 8 of the Rules and Regulations document.

## **V. BUDGET POLICY AND PROCEDURES**

It is the policy of SNS to annually prepare an annual budget forecast, including a 12-month detailed operational budget for the upcoming fiscal year.

### **A. Procedures**

A multi-year business plan/strategic plan should be approved each year at the HOD meeting. Budgets will be developed with the short-term and long-term view in mind. Budgets will be prepared by staff and reviewed and approved by the Finance Committee prior to submittal to the Board of Directors for approval.

### **B. Budget Approval Limitations**

In any one fiscal year, the Board may approve a maximum of \$20,000 in cumulative expenses yearly which are not allocated to any specific operation or programmatic need that would serve to improve or enhance the Association's operation or programs.

Funds may be spent or committed which are not budgeted and pre-approved by the Audit and Finance Committee at the Board's discretion, as long as it follows specific operation or programmatic need. All payments must be documented with appropriate receipts. Even if budgeted, SNS leaders and agents must be prudent and justified in obligating and spending all funds seeking competitive bids whenever possible and in negotiating the lowest appropriate cost.

## **VI. FINANCIAL STATEMENT PREPARATION AND DISTRIBUTION POLICY**

It is the policy of the SNS to prepare and distribute quarterly financial statements that will include a Year to Date SNS Budget vs Actual. These statements will be prepared and distributed to the Board at the following scheduled meetings.

1<sup>st</sup> Quarter Reports – December Meeting

2<sup>nd</sup> Quarter Reports – March Meeting

3<sup>rd</sup> Quarter Reports – June Meeting

## **VII. INSURANCE**

It is the policy of SNS to have a periodic independent insurance consultant review the SNS insurance policies to ensure coverage and limitations adequately meet the needs of SNS, members, employees, and board members.

## **VIII. INVESTMENT POLICY**

SNS holds cash balances for working capital and emergency cash flow needs. The staff will be prudent on the type of investment and the liquidity of the balance of cash in excess of the working capital reserve. The overarching principles, in priority order, to guide investment decisions are (1) preservation of principal, (2) maintenance of liquidity, and (3) maximization of return.

When SNS working capital and emergency cash flow needs are exceeded (\$250,000), excess funds will be moved to the SNS investment account.

## **VIV. FINANCIAL STATEMENTS**

On an annual basis the board will review and engage in a financial statement audit to maintain our Affiliate Agreement with USA Swimming.

## **X. 1099**

SNS will follow IRS policy and issue 1099s to all service providers. W9 forms need to be submitted prior to entity being paid.



# SNS POLICIES AND PROCEDURES

## APPENDIX 8

to be added



# SNS POLICIES AND PROCEDURES

## APPENDIX 9



## Application for Athlete Travel Reimbursement Senior Travel Program – Spring \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Team: \_\_\_\_\_ USA Swimming ID: \_\_\_\_\_

Name of Parent or Legal Guardian, if under 18: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Travel Expenses

Meet(s) & Dates Attended: Sectionals \_\_\_\_\_ US Open \_\_\_\_\_ US Nationals \_\_\_\_\_ US Winter Jrs \_\_\_\_\_

The maximum reimbursement for Spring \_\_\_\_\_ is \$600/400/200 as set forth by the SNS Board of Directors. No reimbursements will be made without proven expenses/receipts. If your expenses exceed the maximum award, only provide those that cover the maximum eligible. Please attach all travel receipts and if digitally submitting, receipts must be in .jpeg or .pdf format (no HEIC).

	Total Spent
Travel Mode: (e.g. air, car) _____	_____
Lodging: _____	_____
Ground Transportation: _____	_____
Meals: _____	_____
<b>Total</b>	_____

Swimmer Signature (or parent/legal guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

I have met the requirements for financial assistance as set by the SNS Board of Directors and the \_\_\_\_\_ Senior Travel Reimbursement document. I also attest that I have not received any other financial support from USA Swimming.

Please make check payable to: \_\_\_\_\_

Mailing To:

Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_

**\*\*Forms must be filled out completely and submitted by April 18th. Late and incomplete forms will be subject to the SNS Board for Approval\*\***

Send to:  
Sierra Nevada Swimming  
PO Box 833  
Roseville, CA 95661

Or email SNS Executive Director: alex.ongaco@sns swimming.org

SNS Use Only: Approved By: _____ Award Level: _____ Check # _____ Check Date: _____
---



# SNS POLICIES AND PROCEDURES

## APPENDIX 10

**SIERRA NEVADA SWIMMING  
SENIOR TRAVEL REIMBURSEMENT PROGRAM**

**SPRING \_\_\_\_\_**

**All forms due by April 18th**

**REGULATIONS:**

1. Only swimmers that train with a registered SNS team are eligible for inclusion in the Senior Travel Reimbursement Program.
2. Swimmers may compete either attached or unattached.
3. The time standards will be adjusted each year between the spring and the summer for the new time standards.
4. For an athlete to be eligible, they must hold continuous SNS registration for the following periods of time in order to receive the stated reimbursement percentage:
  - a. **Swimmers who have represented SNS for 6 months will be eligible for 100 percent reimbursement**
  - b. **Swimmers must attend at least two swim meets representing the club during the period of (Sept 1 – April 14 for spring reimbursement) and (April 14 – Aug 31 for summer reimbursement)**
  - c. **Athletes must attend one of the following meets and represent a SN in at least two USA sanctioned meets to receive spring reimbursements**
  - d. **Spring travel reimbursements are limited to these meets: Sectional Champs, US Open, USA Nationals, and USA JR Winter Championships).**
5. **Standards are set off the following:**
  - a. **Spring Gold – US Open “A” Standards**
  - b. **Spring Silver – USA JR Winter Championships “A” Standards**
  - c. **Spring Bronze – USA JR Winter Championships “Bonus” Standards**
6. Travel reimbursements will be processed by April 21 to cover the previous season. Reimbursement applications received after the distribution dates **WILL NOT BE CONSIDERED**. Applications need to be completed and signed.
7. Gold, Silver, and Bronze standards must have been achieved in the 17-month period prior to the application due date
8. An athlete is eligible for only one level of achievement.
9. Paralympic athletes competing at the National level may qualify at the Silver standard. Paralympic athletes competing at the International level may qualify at the Gold standard. (Revised 1/14)

## **FUND DISBURSEMENT**

1. An athlete that achieves a “Gold” standard is eligible for up to \$600 in reimbursement.
2. An athlete that achieves a “Silver” standard is eligible for up to \$400 in reimbursement.
3. An athlete that achieves a “Bronze” standard is eligible for up to \$200 in reimbursement.





# SNS POLICIES AND PROCEDURES

## APPENDIX 11

<b>2019-2020 Meet Fee Structure</b>				
Individual Events	Splash Fee	Per Event	LSC	HOST
Sanctioned Meet	\$ 10.00	\$ 4.00	\$ 2.25	\$ 1.75
Trials/Finals	\$ 14.00	\$ 6.00	\$ 3.00	\$ 3.00
NVAL Meet	\$ 10.00	\$ 4.00	\$ 1.50	\$ 2.50
Relay Events		Per Event	LSC	HOST
Sanctioned Meet		\$ 8.50	\$ 4.25	\$ 4.25
Trials/Finals		\$ 9.00	\$ 4.50	\$ 4.50
NVAL Meet		\$ 8.50	\$ 3.25	\$ 5.25

<b>Special Meets with no Splash Fee</b>				
	Splash Fee	Per Event	LSC	HOST
Inter-squad/Time Trials	\$ -	\$ 1.75	\$ 1.75	\$ -
Dual Meets	\$ -	\$ 2.00	\$ 2.00	\$ -
Tri/Quad/Super League Meets	\$ -	\$ 2.25	\$ 2.25	\$ -



# SNS POLICIES AND PROCEDURES

## APPENDIX 12

to be added



# SNS POLICIES AND PROCEDURES

## APPENDIX 13



## SIERRA NEVADA SWIMMING, INC. Equipment Rental Policy

Sierra Nevada Swimming (SNS) maintains timing/starting equipment for use by its member clubs at SNS swim meets. This timing equipment can also be rented by non-SNS clubs (if not needed for an SNS-sanctioned meet) using a different fee structure. For all Non-LSC teams, please use the LSC rental request form and indicate you are a non-LSC team.

### **Current Contact (as of 7/2022):**

T.J. Kay, Sierra Nevada Swimming Equipment Chair  
Phone: (916) 747-0263  
Email: Sns\_equipment@yahoo.com

To request a current list of SNS equipment, contact the SNS Equipment Chair.

SNS equipment is free for (1) Jr+ or higher meets where the LSC collects meet fees, (2) the SNS Championship Meets, and (3) SWAGR meets held in our LSC.

### **Requesting Equipment**

Prior to requesting any equipment, the clubs should contact the SNS Equipment Chair to see if the proposed date is available.

Once the date is secured, the team should fill out the **Rental Equipment Request** form to request SNS equipment and sign the **Rental Equipment Agreement Contract**. Return both documents with a check made payable to 'Sierra Nevada Swimming' for the rental and deposit fees, if required. *Do not bring your check when you pick up the equipment.* The Rental Equipment Form and Contract are found at the end of this document.

**Mail Check, Contract, and Form to SNS Equipment Chair, 6721 5<sup>th</sup> Street, Rio Linda, CA 95673**

Contract and form can be emailed, in advance, to SNS Equipment Chair, however, no equipment will be reserved for any team and any date until the required form, contract and rental fees have been received by SNS. Submit your request early during summer months because there are many weekends with multiple meets utilizing SNS equipment.

Each team/club requesting rental of the equipment is responsible for providing their own SNS-approved Colorado operators. SNS does not include an operator with the

rental of the equipment. SNS reserves the right not to rent to a team without an approved Colorado Operator.

## **Picking Up the Equipment**

***Pick up will not be scheduled unless SNS has received all necessary fees, forms and contract.***

Contact SNS Equipment Chair several weeks prior to your meet to schedule your equipment pickup. Equipment pickup is generally scheduled on Mondays or Tuesdays of the week of the meet. The equipment return date will be scheduled during the checkout. Equipment returns are generally scheduled for the Monday or Tuesday following the meet.

48 hours prior to your scheduled pickup date/time, contact SNS Equipment Chair and confirm the scheduled pickup. At that time, SNS Equipment Chair will provide pick-up instructions to the club.

The equipment for meets not utilizing touch pads will fit into a small pickup truck or minivan. However, the scoreboard is 8' long and extends beyond the tailgate.

The equipment for meets utilizing touch pads requires a long-bed truck or trailer because the touch pads are transported on a Touch pad caddy, this is quite heavy and will fit on the back of a pickup truck. You are required to provide your own ropes or tie-down straps to secure the equipment. Equipment committee personnel will not release equipment to any team if in their opinion the vehicle is not sufficient to transport the equipment in a safe and secure manner.

Each container of SNS equipment is color coded.

SNS equipment will only be transferred directly from one team to another team without going back to the storage locker at the approval and discretion of the SNS Equipment Chair.

## **Using the Equipment**

The equipment should be stored in a clean, dry and shaded environment prior to set-up. The Colorado timing console is a computer and needs to be stored out of direct sunlight and somewhere it doesn't get above 80 degrees. **The Touch pads must be stored in the shade.**

When installing the Colorado system for use, velcro strips should be used to connect all cables above the starting blocks. **DO NOT USE ANY TAPE TO SECURE ANY CABLES.** The tape has sticky resins and it's likely the cables will get damaged when the tape/tie strips are cut off.

Please operate all SNS equipment on a separate dedicated electrical ground (30 amps) line which must be connected to a shock -proof electrical multi-voltage transformer. The machine will give incorrect times if the electrical lines are overloaded or not protected for shock, or worse will cause extreme internal damage.

## **Returning the Equipment**

***When returning the equipment after the meet, expect to remain at the locker for about 30 minutes while the equipment is inventoried.***

Dry off the equipment as best as possible before repacking once the meet is over. Make sure all electronics and stop watches are turned off. Repack the equipment as shown in the color-coded boxes. It should be packaged the same way that you received it. The color coding of the container/boxes is a guide to packing up the equipment.

The equipment return date will be arranged and scheduled during the checkout. The equipment must be returned by the Tuesday following the meet to allow us to properly checkout the equipment before the following weekend rental, unless otherwise agreed upon by equipment committee personnel.

## **Damaged or Unreturned Equipment**

It is the club's responsibility to notify SNS Equipment Chair during meet setup and equipment testing if any equipment is not functioning properly. Equipment returned damaged will result in club being billed for repairs or replacement.

Also, if equipment from the itemized list of equipment rented is missing upon return, clubs will be notified of missing items and have 7 days from notice to find and return items or clubs will be billed for replacement.

If equipment is not returned, or returned damaged, then the actual cost to repair/replace the equipment will be billed to the club.

## **Non-LSC Club Additional Fee**

In order to rent SNS equipment, all non-LSC Clubs will be charged an additional \$200 fee.



**SIERRA NEVADA SWIMMING, INC.  
SNS Club Equipment Rental Request Form**

<b>Team</b>	<b>Sanction #</b>	<b>Meet Dates</b>
<b>Meet Director</b>		
<b>Colorado Operator</b>		

**Team Contact Information**

Name	
Address	
Phone	
Email	

ITEMS REQUESTED (Please check all items being requested):

Item	QTY	Rental Cost	Total Cost
<input type="checkbox"/> Complete Timing Unit (no Scoreboard)		\$225.00	
<input type="checkbox"/> Complete Timing Unit (w/ one Scoreboard)		\$325.00	
<input type="checkbox"/> Scoreboard Only		\$100.00	
<input type="checkbox"/> 8 lane Scoreboard (need trailer)		\$800.00	
<input type="checkbox"/> Starting-only Unit		\$175.00	
<input type="checkbox"/> CTS system (SYS6 or GEN7)		\$75.00	
<input type="checkbox"/> DQ slips		\$20.00	
<input type="checkbox"/> Far End Finish-only Unit (w/buttons) (walk timers)		\$75.00	
<input type="checkbox"/> One Course Touch Pads *		\$200.00	
<input type="checkbox"/> Two Courses Touch Pads *		\$320.00	
<input type="checkbox"/> Official Radios for 10 officials W/charger and headsets		\$75.00	
<input type="checkbox"/> Non-LSC team fee		\$200.00	
<input type="checkbox"/>			
Type of Meet		<input type="checkbox"/> LCM <input type="checkbox"/> SCY	
TOTAL: (payable to Sierra Nevada Swimming)			

Special Request/Other Items:

\_\_\_\_\_

<b>Deposit &amp; Fees Received</b>	<b>Form/Contract Received</b>	<b>Equipment Pick-Up</b>	<b>Equipment Returned</b>



## **SNS Rental Equipment Agreement Contract**

This is a legal contract. Please read, understand the requirements and sign. This must be returned when submitting an equipment request and check.

This document is for all conditional responsibilities that the renters are to adhere to; that all equipment will be returned in the same condition as when received. Any damage due to negligence will be the responsibility of the renters.

Please operate all SNS equipment on a separate dedicated electrical ground (30 amps) line which must be connected to a shock -proof electrical multi-voltage transformer. The machine will give incorrect times if the electrical lines are overloaded or not protected for shock, or worse will cause extreme internal damage, in which case the cost of repair will be the renter's responsibility.

If there are any problems, please contact the SNS Equipment Chairman.

All loss/damages (other than normal wear and tear, determined by the SNS Equipment Chairman) will be the responsibility of the renters. Cost/replacement must be paid immediately (within 30 days from notification), or future rentals will be jeopardized.

<b>Print Name</b>	
<b>Signature</b>	
<b>Date</b>	

Return this Contract, the SNS Equipment Rental Request Form and a check for the total amount of the rental to SNS.

***Mail Check, Contract, and Form to SNS Equipment Chair, 6721 5<sup>th</sup> Street, Rio Linda, CA 95673***



# SNS POLICIES AND PROCEDURES

## APPENDIX 14



## **SIERRA NEVADA SWIMMING HONOR CODE:**

Each athlete or staff member of any team representing Sierra Nevada Swimming during any LSC sponsored event (which includes travel to the meet/camp, the duration of the competition, as well as travel back from the meet) is required to sign Sierra Nevada's Swimming Honor Code. All issues as set forth within the Honor Code apply to all athletes, officials, coaches, and adult chaperones unless otherwise designated.

### **SIERRA NEVADA SWIMMING HONOR CODE**

I, as a member and/or participant of Sierra Nevada Swimming understand and will comply with the following as approved by the Sierra Nevada Swimming Board of Directors:

1. The possession by any Athlete or the use of alcohol, tobacco products, or controlled substances is prohibited throughout the event.
2. As an adult representative of Sierra Nevada Swimming as a Coach, Parent Chaperone or Official, the possession of a controlled substance is prohibited throughout the participation of the trip. Additionally, there will be no use of alcohol or tobacco products around the swimmers at any time.
3. Curfews will be established and adhered to during the trip.
4. As to all Athletes, attendance is required at all team functions which include, but are not limited to, meetings, practices, exhibitions, press conferences, and competitions unless otherwise excused or instructed by the head coach, the head chaperone, or designated person in charge of the team.
5. As to all adult chaperones, attendance is required at all team functions which include, but are not limited to, meetings, practices, exhibitions, press conferences, and competitions unless, otherwise excused or instructed by the head chaperone, or designated person in charge of the team.
6. As to all coaching staff and adult volunteers the Head Coach oversees all issues relating to the conduct of the camp and attendance by the Athletes. All questions or concerns are to be brought to the attention of the Head Coach. All decisions made by the Head Coach are final and are to be followed.
7. As to all adult chaperones, the Team Manager oversees all issues relating to the supervision and control of the Athletes except for those matters that fall within the Head Coach's authority. All questions or concerns are to be brought to the attention of the Team Manager. All decisions made by the Team Manager are final and are to be followed. By agreeing to attend the meet as a chaperone, you understand and agree that you will not be allowed to chaperone your child or their age group.
8. With the permission of the adult chaperone, male and female athletes may be in the same room if the hallway door remains open.
9. Uniform requirements that are established for the trip will be followed.
10. Proper respect, sportsmanship, and courtesy toward coaches, officials, administrators, competitors, chaperones, and the public will be always displayed.

11. The manner by which one behaves will present a positive image of Sierra Nevada Swimming and will provide an atmosphere to meet the competitive performance objectives.

12. Additional guidelines may be established as needed to assure the safety and well being of the team members and will be adhered to during the trip.

I understand that failure to comply with the Sierra Nevada Honor Code as set forth in this document or additions necessary for the safety and well being of the team members may result in disciplinary action, which may include but is not limited to the following:

**As to Athletes:**

1. Disqualification from one or more events of the event.
2. Dismissal from the team and return home at my own expense.
3. Reimbursement of all expenses paid by Sierra Nevada Swimming on your behalf relating to this trip.
4. Disqualification from future Sierra Nevada Swimming sponsored activities pending LSC Board of Review.

**As to All Coaches, Officials and Adult Chaperones:**

1. Dismissal from the event and return home at my own expense.
2. Reimbursement of all expenses paid by Sierra Nevada Swimming on your behalf relating to this trip.
3. Disqualification from future Sierra Nevada sponsored activities pending LSC Board of Review.

**Event: 2022 Age Group Select Camp**

**Event Date: Saturday, April 30, 2022**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Athlete)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Legal Guardian)



# SNS POLICIES AND PROCEDURES

## APPENDIX 15



**SNS Emergency and Medical Authorization Form**  
**(A Copy/Scan of the Athlete's Medical Insurance Card Should Accompany This Form)**

Name of Athlete \_\_\_\_\_

Parent/Guardian

Names \_\_\_\_\_

Parent cell Mother (\_\_\_\_\_) \_\_\_\_\_ Father (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Alternate Contact Information: Name of individual \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Relationship to

Athlete \_\_\_\_\_

Please tell us, in confidence, of any medical condition(s) your child has that we should be aware of (i.e., allergies --especially food allergies -- medications, disabilities, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# SNS POLICIES AND PROCEDURES

## APPENDIX 16

# Sierra Nevada Swimming Club Incentive Program

## Goals of the Program:

Building strong Clubs improves the performance of our athletes, coaches and volunteers. This program will motivate, recognize and reward our Club members for their participation and performance in Sierra Nevada Swimming and USA Swimming Programs. Participation in this program is optional but will enhance the value and recognition of clubs.

## Objectives of the Program:

1. Strengthen all Sierra Nevada Swimming Clubs
2. Increase Participation in SNS and USA-S Club Development programs
3. Increase Education of all members
4. Give back to our Membership

## SNS Mission Statement:

Promoting swimming by offering competitive and safe opportunities to athletes, support to coaches and educational awareness to clubs and volunteers.

### 1. USA Swimming Club Recognition Reward (not cumulative)

- Level I Completion \$500
- Level II Completion \$250
- Level III Completion \$500
- Level IV Completion \$750



### 2. USA Swimming Club Excellence Reward (annual award)

- Bronze, Silver & Gold Award \$200







# SNS POLICIES AND PROCEDURES

## APPENDIX 17



# Sierra Nevada Swimming 2022 Outreach Application



Sierra Nevada Swimming and USA Swimming offer a reduced registration fee for athletes from low-income families. The purpose of this program is to provide competitive swimming opportunities to the underrepresented and economically disadvantaged youth in the United States. The Outreach Program reduces the annual membership fee an athlete pays to \$7.00. Complete the Athlete Information Section A- Proof of Assistance and submit with the required documentation and membership application.

**I have Registered as an Outreach Swimmer on [www.Swim-Smarter.com](http://www.Swim-Smarter.com)**

## Athlete Information

Date: \_\_\_\_\_ Athlete's USA Swimming Registration ID: \_\_\_\_\_

Name of Club: \_\_\_\_\_ Club Code: \_\_\_\_\_ LSC: \_\_\_\_\_

Athlete's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Initial Preferred Name

Athlete's Birth date: \_\_\_\_\_  
Month Day Year

Athlete's Current Address: \_\_\_\_\_  
Address and Street City State Zip Code

Home Phone Number: \_\_\_\_\_  
(Area Code) - \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Section A: Proof of Assistance

Attach a photocopy of an approved application for one of the following assistance programs

<input type="checkbox"/> Calworks	<input type="checkbox"/> Covered California/Medi-Cal	<input type="checkbox"/> Snap	<input type="checkbox"/> Homeless Coalition
<input type="checkbox"/> Family income at or below state poverty level	<input type="checkbox"/> Section 8 Public Housing	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Direct Notification Letter for Free/Reduced Lunch

Send this form and Proof of Assistance to:  
markbrown15@gmail.com

or Mail to:  
6721 5th Sreet  
Rio Linda, CA 95673



# SNS POLICIES AND PROCEDURES

## APPENDIX 18

## **Sierra Nevada Swimming's Internet/Social Media Presence**

Sierra Nevada Swimming (SNS) maintains the following social media/internet platforms – website, Facebook page, and Instagram page.

The Executive Director will monitor the content of each social media or internet platform. The only acceptable postings are ones that are consistent with the SNS mission, core values and beliefs. Attached is a list of acceptable uses for SNS social media platforms. The Executive Director, in their discretion, may remove any inappropriate content from any SNS social media or internet platform.

USA Swimming and its multiple social media platforms is an example of how SNS will operate social media. The SNS social media and internet presence must only be used to promote SNS activities and athletes. It is not to be used to benefit or promote a single club.

All SNS clubs must comply with MAAPP 2.0 as it relates to social media and electronic communications with athletes. SNS will have a link to MAAPP and Safe Sport for easy reference by teams. The USA Swimming Safe Sport: Minor Athlete Abuse Prevention Policy is found at: [https://www.usaswimming.org/docs/default-source/safe-sportdocuments/maapp\\_2.0/2021\\_usaswimming\\_maapp\\_2-0.pdf?sfvrsn=75753032\\_4](https://www.usaswimming.org/docs/default-source/safe-sportdocuments/maapp_2.0/2021_usaswimming_maapp_2-0.pdf?sfvrsn=75753032_4)

## Acceptable Uses for SNS Social Media Platforms

### 1) Facebook/Instagram

- a) Photo from LSC Camps/LSC Functions/LSC Championship Meets
- b) LSC Hosted Clinics and Camps where the revenue goes directly to Sierra Nevada Swimming
- c) Sanctioned Meets in the LSC
- d) LSC Staff Job Postings
- e) High School Senior College Commitments

### 2) Email

- a) Sanctioned Meet information for Meets in the LSC
- b) LSC Staff Job Postings
- c) LSC Business
- d) Support for an SNS athlete or family during a crisis or emergency

### 3) Website

- a) Links to Photo Albums from LSC Camps/LSC Functions/LSC Championship Meets
- b) LSC Hosted/Sanctioned Events
  - i) Clinics, Camps, etc. where the revenue goes directly to Sierra Nevada Swimming
  - ii) Sanctioned Meets in the LSC
  - iii) BOD Meeting Information
  - iv) Officials Clinics/Meeting Information
  - v) Coach's Clinics/Meeting Information
- c) Job Postings
  - i) LSC Staff Positions
  - ii) Member Club Positions
- d) Governance Information
- e) LSC Equipment Information
- f) LSC News
- g) Western Zone Information
- h) Time Standards
- i) Officials Information
- j) Athlete Information (to be maintained by the Jr. and Sr. Athlete Reps)
- k) LSC Club Links

\*Anything not listed on the above lists must be voted on by the Sierra Nevada Board of Directors prior to publication on any LSC Social Media or Internet Platform



# SNS POLICIES AND PROCEDURES

## APPENDIX 19



# Sierra Nevada Swimming Scholar-Athlete Recognition Award Memo

Date: October 7, 2021

Memo To: Sierra Nevada Swimming Athletes, Coaches, and Families

Subject: SNS Scholar-Athlete Recognition

Purpose: The purpose of this award is to emphasize the importance of academic endeavors through a program that recognizes the scholastic achievements of Sierra Nevada Student-Athletes.

Sierra Nevada Swimming would like to recognize our athletes for their academic achievements in the classroom. The official transcript that applicants submit must include grades earned through the end of the 2020-2021 academic school year.

To be eligible, an athlete must:

- Have been in the grade of 9th, 10th, 11th, or 12<sup>th</sup> grade during the 2020-2021 academic year; students that just completed their freshman year through graduating seniors.
- Have a grade point average of **3.25 or higher** on a 4.0 scale.
- Be a member in good standing of a USA Swimming Member Club within the Sierra Nevada LSC.
- Please submit an **Application** along with a copy of your **2020-2021 Academic Transcript** no later than **SATURDAY, NOVEMBER 6, 2021**
- **Reminder** – As in previous years, if you were named to USA Swimming’s Scholastic All-America Team for 2020-2021, you **DO NOT** need to send in an application for SNS Scholar-Athlete Award – you are **AUTOMATICALLY** awarded.
- Once the application has been received and reviewed, you will receive an email confirmation. If you **DO NOT** receive a confirmation within 48 hours, please consider your application as NOT having been received and please follow-up and/or re-submit your application.
- Application and Copy of Academic Transcript should be submitted to the following email address:

○ [alex.ongaco@snswimming.org](mailto:alex.ongaco@snswimming.org)