



# USA SWIMMING – 2022 CLUB APPLICATION

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

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

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

CLUB SETTING:     Rural     Suburban     Urban

**PLEASE CHECK ONE:**

- NEW CLUB         RENEWING CLUB

(Club is defined as a group with athletes and coaches. Insurance certificate will be issued.)

FIRST YEAR AS A USA SWIMMING CLUB: \_\_\_\_\_

NEAREST MAJOR CITY: \_\_\_\_\_ CLUB WEB SITE: \_\_\_\_\_

**PRE-EMPLOYMENT SCREENING**

By checking this box and signing below (e-signatures are acceptable), I formally acknowledge that this club is conducting pre-employment screening as required in Article 2.6.11 of the USA Swimming Corporate Bylaws, which requires all member clubs to comply with the USA Swimming Pre-Employment Screening Procedures for New Employees for all new employees who are required to be USA Swimming members under Articles 2.6.6 and 2.6.7 of the USA Swimming Corporate Bylaws.

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

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

**RACING START CERTIFICATION**

By checking this box and signing below (e-signatures are acceptable), I formally acknowledge that this club complies with all Racing Start Certification requirements as stated in the USA Swimming Rules & Regulations, Article 103.2.2 and maintains records for its athlete members.

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**STATE CONCUSSION LAWS**

By checking this box and signing below (e-signatures are acceptable), I formally acknowledge that this club is following the state concussion laws regarding training coaches and providing educational information to athletes, parents, and guardians as required.

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

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

**MINOR ATHLETE ABUSE PREVENTION POLICY**

By checking this box and signing below (e-signatures are acceptable), I formally acknowledge that this club has implemented the USA Swimming Minor Athlete Abuse Prevention Policy, and require all athletes, parents, coaches, and other non-athlete members of the club to review and agree to the Policy on an annual basis with such written agreement to be retained by the club.

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

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

**CLUB MAILING ADDRESS with CONTACT/REPRESENTATIVE (This person will receive USA Swimming mailings and be responsible for distributing the information.)**

CLUB/MARKETING CONTACT/REPRESENTATIVE: \_\_\_\_\_

POSITION (board president, owner, coach, etc.): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PRIMARY ORGANIZATIONAL AFFILIATION, WHO OWNS THE CLUB, CLUB TAX LISTING (To register as a club, a selection must be made for Primary Organizational Affiliation, Who Owns the Club and Club Tax Listing.)**

CLUB'S FEDERAL TAX ID NUMBER: \_\_\_\_\_

**CLUB TAX LISTING**

(Please list the club's main tax listing and not the parent/booster organization's if it is a separate entity)

- Sole Proprietor
- Partnership
- LLC
- Sub-S Corporation
- Does Not Apply
- 501(c)(3) Non-Profit Corporation
- Other 501(c) Non-Profit
- Other Non-Profit Corporation
- Other For-Profit Corporation

Check if registered last year and there are no changes to the Primary Organizational Affiliation, Who Owns the Club and Club Tax Listing that were listed last year.

**PRIMARY ORGANIZATIONAL AFFILIATION**

(Please note the club's primary relationship/affiliation with any one of the following organizations. **Choose one only.**)

- Not Applicable
- Boys & Girls Club
- College/University
- Country Club
- Health & Fitness Club
- Hospital
- Park & Recreation Department
- Private School
- Public School/District
- Summer Club or Homeowner's Association
- YMCA
- YWCA
- Jewish Community Center
- Other (Please Specify: \_\_\_\_\_)

**WHO OWNS THE CLUB**

Check here if club ownership has changed since prior registration.

- Not Applicable
- Boys & Girls Club
- Coach Owned
- College/University
- Country Club
- Health & Fitness Club
- Hospital
- Park & Recreation Department
- Private School
- Public School/District
- Summer Club or Homeowner's Association
- YMCA
- YWCA
- Jewish Community Center
- Other (Please Specify: \_\_\_\_\_)

**NAME OF COACH OWNER**

\*\*NAME OF COACH OWNER: \_\_\_\_\_

COACH'S USA SWIMMING ID#: \_\_\_\_\_

**\*\*\*Bylaw 2.6.6: All employees, including individuals serving on the board, of USA Swimming member clubs must be non-athlete members of USA Swimming.**

**\*\*\*CLUB HAS A BOARD OF DIRECTORS OR OTHER GOVERNING BODY RESPONSIBLE FOR DAY-TO-DAY OVERSIGHT OF CLUB OPERATIONS**

- Yes
- No. If no, please name second coach member in next section.

If yes, please list the names (first, last) of board and/or governing body members (all must be non-athlete members in good standing): **Add additional sheet if needed.**

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**Bylaw 2.6.12: All clubs must have either (i) at least one member coach plus a board of directors or other governing body; or (ii) at least two member coaches to ensure that there are at least two adult authorities at each member club for communication and accountability purposes.**

**\*\*NAME OF ADDITIONAL NON-ATHLETE COACH MEMBER**

NAME OF SECOND COACH MEMBER \_\_\_\_\_

COACH'S USA SWIMMING ID#: \_\_\_\_\_

**Bylaw 2.6.6: All adult employees of USA Swimming member clubs must be non-athlete members of USA Swimming.**

**\*NAMES OF ADDITIONAL ADULT NON-COACHING CLUB STAFF:**

Please list the names (first, last) of all additional adult staff members (all must be non-athlete members in good standing): **Add additional sheet if needed.**


**LEARN TO SWIM PROGRAM**

- Does the club or coach own and operate a Learn to Swim Program?     Yes     No
- If yes, is the club a current Make a Splash Local Partner?     Yes     No
- If no, is the club associated with a Learn to Swim Program?     Yes     No

If "yes", please identify associated Learn to Swim Program and provide primary contact's name and phone number:  
 \_\_\_\_\_

**FIND-A-CLUB CONTACT (To register as a club, a Find-a-Club Contact must be listed. Information will appear on the Find-A-Team page of USA Swimming's website.)**

FIND-A-CLUB CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**REGISTRATION DATE AND TYPE**

REGISTRATION DATE: \_\_\_\_\_ (For LSC Office Use Only)

**PLEASE CHECK ONE:**

YEAR-ROUND CLUB                       SEASON 1 CLUB                       SEASON 2 CLUB

**HEAD COACH**

COACH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SAFE SPORT COORDINATOR**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CLUB PRESIDENT**

CLUB PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FACILITIES USED BY YOUR CLUB – LIST ALL FACILITIES (To register as a club, a facility must be listed. If additional space is needed to list facilities, use a separate sheet of paper and attach to the application.)**

Check if registered last year and there are no changes to the facilities that were listed last year.

*If a facility is no longer in use by the club, list the facility name and the word "Delete" (example: Nathan Natatorium – Delete).*

**FACILITY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**POOLS AT THIS FACILITY:**

Pool 1: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool

**FACILITY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**POOLS AT THIS FACILITY:**

Pool 1: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool

**FACILITY NAME:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**POOLS AT THIS FACILITY:**

Pool 1: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool

**FACILITY NAME:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**POOLS AT THIS FACILITY:**

Pool 1: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="checkbox"/> L-shaped pool

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