



USA SWIMMING – 2012 CLUB APPLICATION FORM

CLUB CODE: _____ CLUB NAME: _____

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.)

NEW ORGANIZATION RENEWING ORGANIZATION
(Organization is defined as a group without athletes and coaches. No insurance certificate will be issued. **Seasonal clubs cannot be organizations.**)

FIRST YEAR AS A USA SWIMMING CLUB: _____

NEAREST MAJOR CITY: _____ CLUB WEB SITE: _____

PRE-EMPLOYMENT SCREENING

By checking this box and signing below, I formally acknowledge that this club is conducting a pre-employment screening on all new employees who are required to be members of USA Swimming as required in the USA Swimming Rules & Regulations, Article 502.6.8.

Signature: _____ Printed Name: _____ Date: _____

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

CLUB CONTACT (This person will receive USA Swimming mailings and be responsible for distributing the information.)

CLUB CONTACT: _____

POSITION (board president, owner, coach, etc.): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

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

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

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

- Not Applicable
- Boys & Girls Club
- College/University
- Country Club
- Health & Fitness Club
- Hospital
- Jewish Community Center
- Park & Recreation Department
- Private School
- Public School/District
- Summer Club or Home Owner's Association
- YMCA
- YWCA
- Other

WHO OWNS THE CLUB

- Coach Owned
- Boys & Girls Club
- College/University
- Country Club
- Health & Fitness Club
- Hospital
- Jewish Community Center
- Non-Profit Corporation (Parent Board)
- Park & Recreation Department
- Private School
- Public School/District
- Summer Club or Home Owner's Association
- YMCA
- YWCA
- Other

CLUB TAX LISTING

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

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

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

FIND-A-CLUB CONTACT: _____

PHONE: _____ 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 separate sheet of paper and attach to 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 # of Lanes: _____	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <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 # of Lanes: _____	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <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 # of Lanes: _____	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <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 # of Lanes: _____	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool
Pool 2: Length: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	Width: _____ <input type="checkbox"/> Yards <input type="checkbox"/> Meters # of Lanes: _____	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> L-shaped pool

HEAD COACH

COACH: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

REGISTRATION CHAIR

REGISTRATION CHAIR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

VOTING DELEGATE (You may also list an alternate) Must be a USA registered non athlete.

VOTING DELEGATE (ALTERNATE): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

ATHLETE DELEGATE (You may also list an alternate)

ATHLETE DELEGATE (ALTERNATE): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

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