



USA / ARIZONA SWIMMING – 2011 CLUB RENEWAL APPLICATION

CLUB CODE: _____ CLUB NAME: _____

REGISTRATION TYPE

PLEASE CHECK ONE:

- YEAR-ROUND CLUB
 SEASON 1 CLUB
 SEASON 2 CLUB
 ORGANIZATION

YEAR CLUB FOUNDED: _____ CLUB SETTING: RURAL SURBURBAN URBAN

NEAREST MAJOR CITY: _____ CLUB WEB SITE: _____

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

Currently:

Primary Affiliation:

Club Tax Listing:

Who owns Club:

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: _____

Continued on next page.....

HEAD COACH (To register as a club, all clubs must have at least one registered coach. Club's coach of record must be at least 18 years old.)

COACH: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____
DATE OF BIRTH (mm/dd/yy): _____

SAFETY COORDINATOR (To register as a club, all clubs must have a safety coordinator who is a currently registered member.)

CLUB SAFETY COORDINATOR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
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 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

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OTHER CLUB INFORMATION -

CLUB PRESIDENT, MANAGING MEMBER, OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

CLUB REGISTRAR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

CLUB TREASURER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

Athlete Representative - Member of Athlete Committee. Must be currently registered member of USA Swimming

ATHLETE REPRESENTATIVE FOR CLUB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

VOTING DELEGATES TO ARIZONA SWIMMING HOUSE OF DELEGATES - Must be member of USA Swimming

VOTING MEMBER NO 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

VOTING MEMBER NO 2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

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

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ADDITIONAL COACHES - Must be currently registered Coach member of USA Swimming

Note: All coaches must be currently certified and registered for 2011 to renew your club membership.

ADDITIONAL COACH NO 1: _____

USA-S ID NUMBER: _____

ADDITIONAL COACH NO 2: _____

USA-S ID NUMBER: _____

ADDITIONAL COACH NO 3: _____

USA-S ID NUMBER: _____

ADDITIONAL COACH NO 4: _____

USA-S ID NUMBER: _____

NOTE: IF YOU HAVE MORE ASSISTANT COACHES, PLEASE PROVIDE NAMES AND USA-S ID NUMBER SEPERATELY.

CERTIFICATION AND AGREEMENT FOR & CONDITIONS OF MEMBERSHIP

In consideration of and as condition of our membership in USA / Arizona Swimming we agree to the following terms and conditions:

1. All of our Coaches, Safety Chair, Athlete Representative and Voting Delegates shall be continually registered with USA / Arizona Swimming as Non-Athlete members. Failure to maintain continuous membership may result in suspensions of the membership of the individual, Club or both.
2. All of our Coaches shall satisfactorily complete and maintain as current the USA Swimming mandates safety training and continuing education, including but not limited to, CPR, First Aid & Safety Training, background screening and other educations requirements. Failure to maintain continuous membership may result in suspensions of the membership of the individual, Club or both.
3. All of our Club athletes practicing and participating in USA Swimming / Arizona Swimming activities are and will be registered in accordance with the rules, policies and procedures of USA / Arizona Swimming/.
4. We understand that this Club registration renewal is not effective all requirements are met, including 2011 registration of coaches, and approved by the Arizona Swimming Board of Directors.
5. We represent that the undersigned as the authority to request such Club registration renewal and that all information contained in this renewal application is true and correct as of this date.

Executed this _____ day of 201__

Name

Title