



2015 USA SWIMMING CLUB APPLICATION

CLUB CODE: _____ CLUB NAME: _____
CLUB SETTING: ☐ Rural ☐ Suburban ☐ Urban

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

1. _____ 4. _____
2. _____ 5. _____
3. _____

PLEASE CHECK ONE:

☐ NEW CLUB ☐ RENEW CLUB
(Club is defined as a group with athletes and coaches.)

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.)

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
- ☐ Does Not Apply
- ☐ Other Non-Profit Corporation



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CLUB CODE _____

FIND A CLUB CONTACT:

FIND-A-CLUB CONTACT: _____

PHONE: _____ EMAIL: _____

REGISTRATION DATE AND TYPE

REGISTRATION DATE: _____ (For LSC Office Use Only)

PLEASE CHECK ONE(YOU SELECT):

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

HEAD COACH

COACH: _____

ADDRESS: _____

CITY: _____

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 not 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: _____ ☐ Yards ☐ Meters
of Lanes: _____

Width: _____ ☐ Yards ☐ Meters
of Lanes: _____

☐ Indoor ☐ Outdoor
☐ L-shaped pool

Pool 2: Length: _____ ☐ Yards ☐ Meters
of Lanes: _____

Width: _____ ☐ Yards ☐ Meters
of Lanes: _____

☐ Indoor ☐ Outdoor
☐ L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ ☐ Yards ☐ Meters
of Lanes: _____

Width: _____ ☐ Yards ☐ Meters
of Lanes: _____

☐ Indoor ☐ Outdoor
☐ L-shaped pool

Pool 2: Length: _____ ☐ Yards ☐ Meters
of Lanes: _____

Width: _____ ☐ Yards ☐ Meters
of Lanes: _____

☐ Indoor ☐ Outdoor
☐ L-shaped pool



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CLUB CODE _____

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ ☐ Yards ☐ Meters
of Lanes: _____

Width: _____ ☐ Yards ☐ Meters
of Lanes: _____

☐ Indoor ☐ Outdoor
☐ L-shaped pool

Pool 2: Length: _____ ☐ Yards ☐ Meters
of Lanes: _____

Width: _____ ☐ Yards ☐ Meters
of Lanes: _____

☐ Indoor ☐ Outdoor
☐ L-shaped pool

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: _____



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CLUB CODE _____

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: _____

(Must be 16 or sophomore in high school and currently competing)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **BUSINESS:** _____ **CELL:** _____

FAX: _____ **EMAIL:** _____

VOTING DELEGATES TO ARIZONA SWIMMING HOUSE OF DELEGATES - Must be 2015 member of USA Swimming

VOTING MEMBER NO 1: _____

ADDRESS: _____

CITY: _____

HOME PHONE: _____ **BUSINESS:** _____ **CELL:** _____

FAX: _____ **EMAIL:** _____



2015 USA SWIMMING CLUB APPLICATION



CLUB _____

VOTING MEMBER NO 2: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

ADDITIONAL COACHES - Must be currently registered (2015) Coach member of USA Swimming

Note: All coaches affiliated with your club must be registered for 2015.

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: _____

ADDITIONAL COACH NO 5: _____

USA-S ID NUMBER: _____

ADDITIONAL COACH NO 6: _____

USA-S ID NUMBER: _____

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



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CLUB _____

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 Coaches, Athlete Representative and Voting Delegates shall be continually registered with USA / Arizona Swimming. 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 mandated requirements. Failure to maintain continuous membership and continuous membership requirements 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 until all requirements are met, including 2015 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____

Signature _____

Printed Name _____

Title _____

CLUB _____

Updated 8-5-2014