



2019 USA SWIMMING 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.)
- 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. **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, 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. **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, I formally acknowledge that this club is providing concussion educational information to coaches, athletes, parents, and guardians. **Failure to check this box and sign this statement will result in the club application being rejected.**

CLUB/MARKETING 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.)

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



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WHO OWNS THE CLUB

- | | |
|--|--|
| <input type="checkbox"/> Coach Owned (**MUST PROVIDE OWNER INFO) | <input type="checkbox"/> Park & Recreation Department |
| <input type="checkbox"/> Boys & Girls Club | <input type="checkbox"/> Private School |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Public School/District |
| <input type="checkbox"/> Country Club | <input type="checkbox"/> Summer Club or Home Owner's Association |
| <input type="checkbox"/> Health & Fitness Club | <input type="checkbox"/> YMCA |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> YWCA |
| <input type="checkbox"/> Jewish Community Center | <input type="checkbox"/> Other |
| <input type="checkbox"/> Non-Profit Corporation (Parent Board) | |

**NAME OF COACH OWNER: _____ COACH'S USA SWIMMING ID#: _____

CLUB TAX LISTING

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

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> 501(c)3 Non-Profit Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other 501(c) Non-Profit |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Other Non-Profit Corporation |
| <input type="checkbox"/> Sub-S Corporation | <input type="checkbox"/> Does Not Apply |
| <input type="checkbox"/> Other For-Profit Corporation | |

LEARN TO SWIM PROGRAM

- | | | |
|---|------------------------------|-----------------------------|
| Does the club or coach own and operate a Learn to Swim Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is the club a current Make a Splash Local Partner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, is the club associated with a Learn to Swim Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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: _____

REGISTRATION DATE AND TYPE

REGISTRATION DATE: _____ (For LSC Office Use Only)

PLEASE CHECK ONE:

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

HEAD COACH

COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

CLUB PRESIDENT

CLUB PRESIDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____



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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: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

Pool 2: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

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

POOLS AT THIS FACILITY:

Pool 1: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

Pool 2: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

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

POOLS AT THIS FACILITY:

Pool 1: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

Pool 2: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

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

POOLS AT THIS FACILITY:

Pool 1: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

Pool 2: Length: _____ Yards Meters Width: _____ Yards Meters Indoor Outdoor
of Lanes: _____ # of Lanes: _____ L-shaped pool

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



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SAFE SPORT COORDINATOR

SAFE SPORT COORDINATOR: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
 FAX: _____ EMAIL: _____

SAFETY COORDINATOR

SAFETY COORDINATOR: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ BUSINESS: _____ MOBILE: _____
 FAX: _____ EMAIL: _____

CLUB REGISTRAR

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

CLUB TREASURER

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

ATHLETE REPRESENTATIVE - Member of Athlete Committee - Must be 2019 member of USA Swimming

ATHLETE REPRESENTATIVE FOR CLUB: _____
 (Must be 14 years of age or 8th grade by September 1st of the year of appointment and currently competing)
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ BUSINESS: _____ CELL: _____
 FAX: _____ EMAIL: _____



2019 USA SWIMMING CLUB APPLICATION

VOTING DELEGATES TO ARIZONA SWIMMING HOUSE OF DELEGATES - Must be 2019 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: _____

ADDITIONAL COACHES - Must be currently registered (2019) Coach member of USA Swimming

Note: All coaches affiliated with your club must be registered for 2019.

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: _____

ADDITIONAL COACH NO 7: _____

USA-S ID NUMBER: _____

ADDITIONAL COACH NO 8: _____

USA-S ID NUMBER: _____

ADDITIONAL COACH NO 9: _____

USA-S ID NUMBER: _____

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



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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 2019 registration of coaches and approved by the Arizona Swimming Board of Directors.
5. We represent that the undersigned has 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.
6. All individuals listed on this application as club representatives for your club agree to give Arizona Swimming permission to use all information provided, including all email addresses and contact information. AzSI will not release information to third parties.

Executed this _____ day of _____ 201_____

Signature _____ Printed Name _____
(signed by applicant)

Title _____ Club _____

RACING START CERTIFICATION

By signing below, 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 _____ Printed Name _____

Date _____

PRE-EMPLOYMENT SCREENING

By 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.

Head Coach Signature _____ Printed Name _____

Date _____

STATE CONCUSSION LAWS

By checking this box and signing below, I formally acknowledge that this club is providing concussion educational information to coaches, athletes, parents, and guardians.

Head Coach Signature _____ Printed Name _____

Date _____