



USA SWIMMING – 2017 CLUB APPLICATION

Metropolitan Swimming, Inc.

You must fill in ALL information

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, 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.

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.

Head Coach Signature: _____ Printed Name: _____ Date: _____

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

WHO OWNS THE CLUB

- Coach Owned (**MUST PROVIDE OWNER INFO)
- 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

****NAME OF COACH OWNER:** _____

COACH'S USA SWIMMING ID#: must be included _____

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

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

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
- 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: _____

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.