



# USA SWIMMING – 2021 CLUB APPLICATION

## Southern California Swimming

CLUB CODE: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_

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

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

CLUB SETTING:  Rural  Suburban  Urban

### PLEASE CHECK ONE:

NEW CLUB \$150 \_\_\_\_\_  RENEWING CLUB \$300\*

**\*Renewing club having completed all requirements by DECEMBER 1, 2020, fee is \$150-After DECEMBER 1 fee is \$300**  
(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 (e-signatures are acceptable), 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: \_\_\_\_\_ 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 (e-signatures are acceptable), 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: \_\_\_\_\_ Date: \_\_\_\_\_

**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 (e-signatures are acceptable), I formally acknowledge that this club is following the state concussion laws regarding training coaches and providing educational information to athletes, parents, and guardians as required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### MINOR ATHLETE ABUSE PREVENTION POLICY

By checking this box and signing below (e-signatures are acceptable), I formally acknowledge that this club is has implemented the USA Swimming Minor Athlete Abuse Prevention Policy, and require all athletes, parents, coaches and other non-athlete members of the club to review and agree to the Policy on an annual basis with such written agreement to be retained by the club.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### DATE OF BIRTH VERIFICATION

By checking this box and signing below, I formally acknowledge that this club has verified the date of birth for each of our swimmers by checking birth certificates at our club registration.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

### USA SWIMMING TECH SUIT POLICY COMPLIANCE

By checking this box and signing below, I formally acknowledge that this club will educate its membership about the USA Swimming Tech Suit Policy, effective Sept. 1, 2020.

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.**)

- |                                                       |                                                                 |
|-------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Not Applicable               | <input type="checkbox"/> Private School                         |
| <input type="checkbox"/> Boys & Girls Club            | <input type="checkbox"/> Public School/District                 |
| <input type="checkbox"/> College/University           | <input type="checkbox"/> Summer Club or Homeowner's Association |
| <input type="checkbox"/> Country Club                 | <input type="checkbox"/> YMCA                                   |
| <input type="checkbox"/> Health & Fitness Club        | <input type="checkbox"/> YWCA                                   |
| <input type="checkbox"/> Hospital                     | <input type="checkbox"/> Other                                  |
| <input type="checkbox"/> Jewish Community Center      |                                                                 |
| <input type="checkbox"/> Park & Recreation Department |                                                                 |

**WHO OWNS THE CLUB**

- |                                                |                                                                 |
|------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Not Applicable        | <input type="checkbox"/> Jewish Community Center                |
| <input type="checkbox"/> Boys & Girls Club     | <input type="checkbox"/> Park & Recreation Department           |
| <input type="checkbox"/> College/University    | <input type="checkbox"/> Private School                         |
| <input type="checkbox"/> Country Club          | <input type="checkbox"/> Public School/District                 |
| <input type="checkbox"/> Health & Fitness Club | <input type="checkbox"/> Summer Club or Homeowner's Association |
| <input type="checkbox"/> Hospital              | <input type="checkbox"/> YMCA                                   |
|                                                | <input type="checkbox"/> YWCA                                   |
|                                                | <input type="checkbox"/> Other                                  |

**NAME OF COACH OWNER**

\*\*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 |                                                         |

**\*\*Effective January 1, 2021, Bylaw 2.6.12: All clubs must have either (i) at least one member coach, plus a Board of Directors or other governing body; or (ii) at least two member coaches to ensure that there are at least two adult authorities at each member club for communication and accountability purposes.**

**NAME OF ADDITIONAL NON-ATHLETE COACH MEMBER**

NAME OF SECOND COACH MEMBER \_\_\_\_\_

COACH'S USA SWIMMING ID#: \_\_\_\_\_

**\*\*\*CLUB HAS A BOARD OF DIRECTORS OR OTHER GOVERNING BODY**

Yes                       NO, if no, please name second coach member above

If yes, please list the names (first, last) of Board and/or governing body members (all must be non-athlete members in good standing):


**\*\*\*Effective immediately, Bylaw 2.6.6: Extends the requirement of non-athlete membership to individuals serving on the Board of Directors of a member club.**

**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: \_\_\_\_\_

**HEAD COACH**

COACH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_                      STATE: \_\_\_\_\_                      ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_                      BUSINESS: \_\_\_\_\_                      MOBILE: \_\_\_\_\_  
FAX: \_\_\_\_\_                      EMAIL: \_\_\_\_\_

**SAFE SPORT COORDINATOR**

NAME: \_\_\_\_\_  
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

**REGISTRATION DATE AND TYPE**

REGISTRATION DATE: \_\_\_\_\_ (For LSC Office Use Only)

**PLEASE CHECK ONE:**

YEAR-ROUND CLUB  SEASON 1 CLUB

**PAYMENT INFO**

Submit Application and Payment to: **Southern California Swimming, 28000 S. Western Ave. #226, San Pedro, CA 90732**

\*Renewing club having completed all requirements by DECEMBER 1, 2020, fee is \$150-After DECEMBER 1 fee is \$300