



USA SWIMMING – 2010 CLUB APPLICATION FORM

CLUB CODE: _____ CLUB NAME: _____

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.)

YEAR CHARTERED: _____

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.)

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

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 (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.)

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

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

CLUB REGISTRATION COORDINATOR

CLUB REGISTRATION COORDINATOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

LSC Voting Representative may be changed by written notice signed by the Club President or the Club Secretary addressed to WI Swimming Registration Chair

LSC VOTING DELEGATE (must be USA registered)

CLUB VOTING DELEGATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

LSC VOTING ALTERNATE (must be USA registered)

CLUB VOTING ALTERNATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

All clubs shall ensure that all athletes and coaches participating in USA competition are members of their LSC and USA. (502.4.2)

As a club member of Wisconsin Swimming, Inc. we agree to abide by it's by-laws and to respect, abide by and enforce all decisions of Wisconsin Swimming Inc. and United States Swimming, Inc.

Club President (sign and date) _____

Head Coach (sign and date) _____

Application for membership in Wisconsin Swimming, Inc. of United States Swimming, Inc. must include:

*2010 annual club dues of \$125 (check payable to Wisconsin Swimming, Inc.)

*completed form

*at least one certified coach membership

*2010 membership for LSC voting representative and any alternates (USA 502.4.1)

*2010 membership for club safety officer

*new clubs must also supply a copy of club by-laws and all checklist materials to be approved by USA Swimming

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

DISCLAIMER: Information on this application may be used on the USA Swimming Club Search website, including the phone number and email address of the Club Contact