



USA SWIMMING – 2021 CLUB APPLICATION

Form to be used from 9/1/2020 thru 8/31/2021

Send form and payment to:

Registrar, NC Swimming
PO Box 30863
Charlotte, NC 28230

CLUB CODE: _____ CLUB NAME: _____

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

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

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 (e-signatures are acceptable), I formally acknowledge that this club is conducting pre-employment screening as required in Article 2.6.11 of the USA Swimming Corporate Bylaws, which requires all member clubs to comply with the USA Swimming Pre-Employment Screening Procedures for New Employees for all new employees who are required to be USA Swimming members under Articles 2.6.6 and 2.6.7 of the USA Swimming Corporate Bylaws.

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 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.

REGISTRATION DATE AND TYPE

REGISTRATION DATE: _____ (For LSC Office Use Only)

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: _____

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: _____

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 (if applicable)

**NAME OF COACH OWNER: _____

COACH'S USA SWIMMING ID#: _____

****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 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 | |

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

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

*****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.

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

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

HEAD COACH (REQUIRED)

COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

SAFE SPORT COORDINATOR (REQUIRED)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

CLUB ATHLETE REPRESENTATIVE (REQUIRED)(will serve on the Athletes' Committee of NC Swimming, which represents the interests of athletes on all matters within NC Swimming)

ATHLETE REPRESENTATIVE: _____

ATHLETE PHONE: _____

ATHLETE 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: _____ 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.