



USA SWIMMING – 2011 CLUB APPLICATION FORM

South Texas Swimming, P.O. Box 781383, San Antonio, TX 78278

____ Club Renewal by 12/01/10 - \$95.00

____ Club Renewal 01/01/11 or later \$195.00

____ Club Renewal 12/02/10-12/31/10 - \$145.00

____ New Club Registration - \$125.00

If any of the following information changes during the year, please notify the STSI Office.

CLUB CODE: _____ CLUB NAME: _____

CLUB SETTING: Rural Suburban Urban

PLEASE CHECK ONE:

- NEW CLUB RENEWING CLUB NEW ORGANIZATION RENEWING ORGANIZATION
- (Club is defined as a group with athletes and coaches. Insurance certificate will be issued.) (Organization is defined as a group without athletes and coaches. No insurance certificate will be issued. **Seasonal clubs cannot be organizations.**)

REGISTRATION DATE AND TYPE

REGISTRATION DATE: _____ CHECK NUMBER: _____ (For LSC Office Use Only)

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: _____

YEAR FOUNDED: _____ NEAREST MAJOR CITY: _____ CLUB WEB SITE: _____

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
- 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: _____

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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: _____ DATE OF BIRTH (mm/dd/yy): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

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.)

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: _____ 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: _____ 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: _____ 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

CLUB REGISTRAR: (Individual responsible for handling/processing registrations. Person receiving USA Membership Cards.)

NOTE: If multiple sites/teams swim under one club code, all membership cards, recon questions, database corrections, etc. for the club code listed on this form will be directed to club registrar listed here. The club registrar listed here will be responsible for transmitting the information to and from the various club sites back to the STSI.

CLUB REGISTRAR: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

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