



# USA SWIMMING – 2012 CLUB APPLICATION FORM

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

_____ Club Renewal by 12/01/11	\$95.00	_____ Club Renewal 01/01/12 or later	\$195.00
_____ Club Renewal 12/02/11-12/31/11	\$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:**

- |                                   |   |   |   |
|-----------------------------------|---|---|---|
| <input type="checkbox"/> NEW CLUB | <input type="checkbox"/> RENEWING CLUB<br>(Club is defined as a group with athletes and coaches. Insurance certificate will be issued.) | <input type="checkbox"/> NEW ORGANIZATION | <input type="checkbox"/> RENEWING ORGANIZATION<br>(Organization is defined as a group without athletes and coaches. No insurance certificate will be issued. <b>Seasonal clubs cannot be organizations.</b> ) |
|-----------------------------------|---|---|---|

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.**

**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.)**

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.)

- |  |   |
|--|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Sub-S Corporation              |
| <input type="checkbox"/> Partnership     | <input type="checkbox"/> Other For-Profit Corporation   |
| <input type="checkbox"/> LLC             | <input type="checkbox"/> 501(c)3 Non-Profit Corporation |
|  | <input type="checkbox"/> Other 501(c) Non-Profit        |
|  | <input type="checkbox"/> Other Non-Profit Corporation   |
|  | <input type="checkbox"/> Does Not Apply                 |

**Continued on back....**

**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: \_\_\_\_\_ 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: \_\_\_\_\_ 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 the team has additional facilities, please attach a separate sheet with the required information.

**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 the STSI Office.*