



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.)

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

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: _____

REGISTRATION DATE AND TYPE

REGISTRATION DATE: _____ (For LSC Office Use Only)

PLEASE CHECK ONE:

YEAR-ROUND CLUB (\$300.00) SEASONAL CLUB (\$200.00 - April 1-August 28) ORGANIZATION (\$200.00)

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



Florida Swimming
214 E. Washington St., Suite B
Minneola, FL 34715
352-242-5145 (O) 352-242-5245 (F)

Florida Swimming
Registration/Membership Procedures
Registration Year 2010

Club Charter 2010 Application:

All athletes and non-athletes (coaches, officials, and other) must fill out a current 2010 USA Swimming application.

The following are the items that must accompany the 2010 Florida Swimming, Inc. Club Charter application.

Please check off each item as completed and return this page with your 2010 Club Charter Information!!

- _____ 1. Florida Swimming 2010 Club Charter Fee
(\$300.00 year round club, \$200.00 seasonal club)
- _____ 2. Florida Swimming 2010 Club Charter Forms.
- _____ 3. Current 2010 USA Swimming Athlete Applications (\$56.00 each).
- _____ 4. Current USA Swimming 2010 Club **Athlete Representative** (mandatory) to your club BOD and to the Florida Swimming Athletes Committee. (USA-S National Rule!)
- _____ 5. Current USA Swimming 2010 Non-Athlete Membership Applications with payment of \$56.00 each for all coaches (mandatory) and other non-athlete members. (Family Membership – Husband & wife only \$100.00)

The following MUST accompany all Coaching Applications (if not still current from 2009):

- Copy of current “CPR” card
 - Copy of current “First Aid” card
 - Copy of current “Safety Training for Swim Coaches” card
 - Copy of ASCA letter stating passage of USA Swimming Foundations of Coaching test (**Required for coaches renewing for the second year**).
 - Certification of completing the USA-S Background Screening
- _____ 6. Current 2010 USA Swimming Non-Athlete Membership Application with payment of \$56.00 for Club Safety Coordinator (mandatory).
 - _____ 7. Current 2010 USA Swimming Non-Athlete Membership Application with payment of \$56.00 for Club Delegate.
 - _____ 8. Copy of your Current Club By-Laws if not on file or up-dated.

PLEASE NOTE: the following statements **may** appear in or as your club-by-laws:

- All athletes participating in the water during practices are current USA Swimming athlete members.
- All coaches and assistant coaches coaching during practices or at US Swimming/Florida Swimming meets must be current USA Swimming Non-Athlete members.
- The club/team will abide by all USA Swimming/Florida Swimming Rules and Regulations during practices/meets and while representing this USA Swimming/Florida Swimming club.

PLEASE PRINT: Computer Up-Date of 2010

CLUB CODE _____ REGISTRATION YEAR 2010

MAIN MAILING ADDRESS FOR CLUB

Club Name: _____
Name c/o _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
Club E-Mail: _____

HEAD COACH (Must be 2010USA Coach Member, 18 yrs. or older)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
E-Mail: _____

FL DELEGATE (Must be 2010 USA Non-athlete Member)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
E-Mail: _____

CLUB PRESIDENT

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
E-Mail: _____

SAFETY CO-ORDINATOR (Must be 2010 USA Non-Athlete Member)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
E-Mail: _____

CLUB VICE-PRESIDENT

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
E-Mail: _____

FS Club Charter Information

CLUB TREASURER

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
E-Mail: _____

FS CLUB ATHLETE REPRESENTATIVE (Mandatory, 2010 member)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ FAX: _____
E-Mail: _____

CLUB US REGISTRAR

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
E-Mail: _____

ASSIST. COACH (1) (Must be 2010 USA Swimming Coach Member)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
E-Mail: _____

ASSIST. COACH (2) (Must be 2010 USA Swimming Coach Member)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ (H) _____ (W)
Cell Phone: _____ Fax: _____
E-Mail: _____

Club President's Signature

Date

Club Code