



# USA SWIMMING – 2019 CLUB APPLICATION



The \_\_\_\_\_ hereby makes application for renewal of membership in Gulf Swimming of USA Swimming, Inc. Enclosed is a team check for the annual dues. If accepted as a club member, the team agrees to abide by the Bylaws and Rules and Regulations of Gulf Swimming and USA Swimming, Inc., and to respect, abide by, and enforce all decisions of Gulf Swimming and USA Swimming, Inc.

CLUB CODE: \_\_\_\_\_ CLUB NAME: \_\_\_\_\_

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

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_

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, 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.**

**RACING START CERTIFICATION**

By checking this box and signing below, 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: \_\_\_\_\_ Printed Name: \_\_\_\_\_ 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, 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: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to check this box and sign this statement will result in the club application being rejected.**

**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: \_\_\_\_\_

**CLUB INFORMATION (This should include the permanent address and phone number of the team.)**

ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**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"/> Park & Recreation Department            |
| <input type="checkbox"/> Boys & Girls Club       | <input type="checkbox"/> Private School                          |
| <input type="checkbox"/> College/University      | <input type="checkbox"/> Public School/District                  |
| <input type="checkbox"/> Country Club            | <input type="checkbox"/> Summer Club or Home Owner's Association |
| <input type="checkbox"/> Health & Fitness Club   | <input type="checkbox"/> YMCA                                    |
| <input type="checkbox"/> Hospital                | <input type="checkbox"/> YWCA                                    |
| <input type="checkbox"/> Jewish Community Center | <input type="checkbox"/> Other                                   |

**WHO OWNS THE CLUB**

- |  |  |
|--|--|
| <input type="checkbox"/> Coach Owned (**MUST PROVIDE OWNER INFO) | <input type="checkbox"/> Park & Recreation Department            |
| <input type="checkbox"/> Boys & Girls Club                       | <input type="checkbox"/> Private School                          |
| <input type="checkbox"/> College/University                      | <input type="checkbox"/> Public School/District                  |
| <input type="checkbox"/> Country Club                            | <input type="checkbox"/> Summer Club or Home Owner's Association |
| <input type="checkbox"/> Health & Fitness Club                   | <input type="checkbox"/> YMCA                                    |
| <input type="checkbox"/> Hospital                                | <input type="checkbox"/> YWCA                                    |
| <input type="checkbox"/> Jewish Community Center                 | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Non-Profit Corporation (Parent Board)   |  |

\*\*NAME OF COACH OWNER: \_\_\_\_\_

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"/> Other For-Profit Corporation |   |

Does Not Apply **LEARN TO SWIM PROGRAM**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Does the club or coach own and operate a Learn to Swim Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, is the club a current Make a Splash Local Partner?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no, is the club associated with a Learn to Swim Program?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**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

**HEAD COACH**

COACH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**I hereby give Gulf Swimming permission to use my name and contact information (above) for publication in the Gulf Swimming Handbook and on the Gulf Swimming web page.**

**Head Coach (Signature)** \_\_\_\_\_

**CLUB PRESIDENT**

CLUB PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CLUB TREASURER**

CLUB TREASURER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**CLUB ENTRIES/RECORDS**

ENTRIES/RECORDS CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**Entries/Records Contact (Signature)** \_\_\_\_\_

**SAFE SPORT COORDINATOR**

SAFE SPORT COORDINATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TEAM REPRESENTATIVE - Club Nominees to the Gulf Swimming House of Delegates (The number of representatives to the Gulf Swimming House of Delegates and the votes to which they are entitled is governed by Section 604.1.1 of the Gulf Swimming Bylaws. All representatives to the House of Delegates must be registered as non-athlete members of USA Swimming.)**

COACH REPRESENTATIVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**I hereby give Gulf Swimming permission to use my name and contact information (above) for publication in the Gulf Swimming Handbook and on the Gulf Swimming web page.**

**Coach Representative (Signature) \_\_\_\_\_**

TEAM/OTHER REPRESENTATIVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**Team/Other Representative (Signature) \_\_\_\_\_**

TEAM/OTHER REPRESENTATIVE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**I hereby give Gulf Swimming permission to use my name and contact information (above) for publication in the Gulf Swimming Handbook and on the Gulf Swimming web page.**

**Team/Other Representative (Signature) \_\_\_\_\_**

**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:_____ <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

**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 any of the above information changes, please notify Loren Fischbach, Gulf Swimming Membership Administrative Assistant.*

Send completed application, team check for \$250.00, safety information form, and safety map to:

Gulf Swimming  
Attention: Membership  
1415 South Voss Road  
Suite 110-355  
Houston, Texas 77057  
[loren.fischbach@gulfswimming.org](mailto:loren.fischbach@gulfswimming.org)