



# PACIFIC SWIMMING – 2018 CLUB APPLICATION FORM

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

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

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**PLEASE CHECK ONE:**     ANNUAL CLUB **\$225.00**     FALL SEASON CLUB **\$125.00**  
(September 1, 2017 to January 28, 2018)

CLUB SETTING:    Rural    Suburban    Urban    NEAREST MAJOR CITY: \_\_\_\_\_

FIRST YEAR AS A USA SWIMMING CLUB: \_\_\_\_\_

<small>LSC USE ONLY</small> REG. DATE _____ CHECK # _____
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## 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.**

## CLUB CONTACT (This person will receive USA Swimming mailings and be responsible for distributing the information.)

CLUB CONTACT/REPRESENTATIVE: \_\_\_\_\_

POSITION (board president, owner, coach, etc.): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_

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

## CLUB INFORMATION

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

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

CLUB PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CLUB EMAIL: \_\_\_\_\_ CLUB WEB SITE: \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_

## HEAD COACH

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

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

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

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_

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"/> 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"/> Does Not Apply                 |
| <input type="checkbox"/> Other For-Profit Corporation |   |

**CLUB PRESIDENT**

NAME: \_\_\_\_\_

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

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

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_

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

**CLUB REGISTRAR (person who processes Athlete and Non-Athlete Registration for the Club)**

NAME: \_\_\_\_\_

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

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

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ CELL: \_\_\_\_\_

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

**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

**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: \_\_\_\_\_  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 the Pacific Swimming Office.**



2018 PACIFIC SWIMMING  
CLUB DELEGATES

**House of Delegates Information**

(Pacific Swimming has two meetings every year of delegates from each Club. Each Club may designate one person as their delegate and one person as an alternate.)

Club Name: \_\_\_\_\_

All Club delegates and alternates **MUST** be current members of USA Swimming to be eligible to vote.

Club Delegate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Club Delegate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Return Form to:

**Pacific Swimming Membership**  
**1374 Lupine Court**  
**Concord, CA 94521**