



# PACIFIC SWIMMING – 2022 CLUB APPLICATION

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**     SUMMER SEASON CLUB **\$140.00**

(April 1, 2022 to August 28, 2022)

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

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

LSC USE ONLY  
REG. DATE \_\_\_\_\_ CHECK # \_\_\_\_\_

## PRE-EMPLOYMENT SCREENING

By checking this box and signing below (e-signatures are acceptable), I formally acknowledge that this club is conducting pre-employment screening as required in Article 2.6.11 of the USA Swimming Corporate Bylaws, which requires all member clubs to comply with the USA Swimming Pre-Employment Screening Procedures for New Employees for all new employees who are required to be USA Swimming members under Articles 2.6.6 and 2.6.7 of the USA Swimming Corporate Bylaws.

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 (e-signatures are acceptable), 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 (e-signatures are acceptable), 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.**

## MINOR ATHLETE ABUSE PREVENTION POLICY

By checking this box and signing below (e-signatures are acceptable), I formally acknowledge that this club has implemented the USA Swimming Minor Athlete Abuse Prevention Policy, and require all athletes, parents, coaches, and other non-athlete members of the club to review and agree to the Policy on an annual basis with such written agreement to be retained by the club.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

## CLUB CONTACT/REPRESENTATIVE (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: \_\_\_\_\_





**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.)**

CLUB'S FEDERAL TAX ID NUMBER: \_\_\_\_\_

**CLUB TAX LISTING**

(Please list the club's main tax listing and not the parent/booster organization's 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     |
| <input type="checkbox"/> Does Not Apply    |   |

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"/> Private School                         |
| <input type="checkbox"/> Boys & Girls Club            | <input type="checkbox"/> Public School/District                 |
| <input type="checkbox"/> College/University           | <input type="checkbox"/> Summer Club or Homeowner's Association |
| <input type="checkbox"/> Country Club                 | <input type="checkbox"/> YMCA                                   |
| <input type="checkbox"/> Health & Fitness Club        | <input type="checkbox"/> YWCA                                   |
| <input type="checkbox"/> Hospital                     | <input type="checkbox"/> Jewish Community Center                |
| <input type="checkbox"/> Park & Recreation Department | <input type="checkbox"/> Other (Please Specify: _____)          |

**WHO OWNS THE CLUB**

Check here if club ownership has changed since prior registration.

- |  |   |
|--|---|
| <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"/> Coach Owned           | <input type="checkbox"/> Public School/District                 |
| <input type="checkbox"/> College/University    | <input type="checkbox"/> Summer Club or Homeowner's Association |
| <input type="checkbox"/> Country Club          | <input type="checkbox"/> YMCA                                   |
| <input type="checkbox"/> Health & Fitness Club | <input type="checkbox"/> YWCA                                   |
| <input type="checkbox"/> Hospital              | <input type="checkbox"/> Jewish Community Center                |
|  | <input type="checkbox"/> Other (Please Specify: _____)          |

**NAME OF COACH OWNER**

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

COACH'S USA SWIMMING ID#: \_\_\_\_\_

**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 Club information changes, please notify the Pacific Swimming Registration Chair.**



## 2022 PACIFIC SWIMMING CLUB DELEGATES

### House of Delegates Information

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

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

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

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

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

Mobile Phone \_\_\_\_\_

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

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

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

Mobile Phone \_\_\_\_\_

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

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Return Form To:

**Pacific Swimming**  
**1374 Lupine Court**  
**Concord, CA 94521**  
**laurie@pacswim.org**