



# USA SWIMMING – CLUB APPLICATION FORM

**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.**) Mail form to: **Oregon Swimming**

**PLEASE CHECK ONE:**

YEAR-ROUND CLUB/ORGANIZATION       SEASON 1 CLUB

**1750 SW Skyline Blvd #103  
Portland OR 97221**

EFFECTIVE DATE OF MEMBERSHIP: \_\_\_\_\_ Fee \$150.00 Year round, \$110.00 Season 1 Club

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

INDICATE BELOW THE CITY/STATE (LIMIT 2) YOUR CLUB SHOULD BE LISTED UNDER ON THE CLUB SEARCH FEATURE OF THE USA SWIMMING WEB PAGE:

\_\_\_\_\_ City/State      \_\_\_\_\_ City/State

CLUB E-MAIL: \_\_\_\_\_ CLUB WEBSITE: \_\_\_\_\_

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

CLUB CONTACT: \_\_\_\_\_

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

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

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

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

**HEAD COACH** (To register as a club, all clubs must have at least one properly registered coach. Club's coach of record must be at least 18 years old.)

COACH: \_\_\_\_\_ DATE OF BIRTH (mm/dd/yy): \_\_\_\_\_

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

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

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

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

**SAFETY COORDINATOR** (To register as a club, all clubs must have a safety coordinator that is a currently registered member.)

CLUB SAFETY COORDINATOR: \_\_\_\_\_

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

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

WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

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

*If any of the above information changes, please notify your LSC Registration Chair.*

**DISCLAIMER:** Information on this application may be used on the USA Swimming Club Search website, including the phone number and email address of the Club Contact.

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### **PRIMARY ORGANIZATIONAL AFFILIATIONS**

(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**

- Boys & Girls Club
- Coach Owned
- 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