



CENTRAL CALIFORNIA SWIMMING 2015 CLUB MEMBERSHIP APPLICATION FORM5



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.**)

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.

CLUB PRIMARY CONTACT/MARKETING REPRESENTATIVE (This person will receive USA Swimming mailings and be responsible for distributing the information.)

CLUB CONTACT/REPRESENTATIVE: _____

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.)

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.)

- 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

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

WHO OWNS THE CLUB

- Coach Owned
- Boys & Girls Club
- College/University
- Country Club
- Health & Fitness Club
- Hospital
- Jewish Community Center (Parent Board)
- Park & Recreation Department
- Private School
- Public School/District
- Summer Club or Home Owner's Association
- YMCA
- YWCA
- Other

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: _____

HEAD COACH (Must be member of CCS and USA Swimming)

COACH: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

REGISTRAR

REGISTRAR: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

TREASURER

TREASURER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

**CCS House of Delegates Representatives
(Must be members of CCS and USA Swimming)**

CCS HOUSE OF DELEGATES REPRESENTATIVE

DELEGATE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

CCS HOUSE OF DELEGATES ALTERNATE REPRESENTATIVE (optional)

ALTERNATE DELEGATE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ BUSINESS: _____ CELL: _____
FAX: _____ EMAIL: _____

CCS HOUSE OF DELEGATES ATHLETE REPRESENTATIVE (optional, but designation preferred)

ATHLETE DELEGATE: _____
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.)

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 your LSC Registration Chair.

CLUB REGISTRATION FEES:

MAKE CHECK PAYABLE TO:

Central California Swimming

MAIL APPLICATION & PAYMENT TO:

Jim Patterson
Central California Swimming
2037 W Bullard Avenue, Box 149
Fresno, CA 93711-1200
EMAIL: jasdpatterson@comcast.net
(559) 431-9049

2013 REGISTRATION FEE

September 1, 2012 through December 31, 2013

<input type="checkbox"/> New Club	\$100.00
<input type="checkbox"/> Club Renewal (By 11/30/2012)	\$100.00
<input type="checkbox"/> Club Renewal (From 12/1 to 12/31/2012)	\$125.00
<input type="checkbox"/> Club Renewal (On or after 1/1/2013)	\$150.00