



FLORIDA GOLD COAST – 2010 CLUB APPLICATION FORM

CLUB CODE: _____ CLUB NAME: _____

CLUB SETTING: Rural Suburban Urban

2010 Club Registration Fee = \$150

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.**)

YEAR CHARTERED: _____

NEAREST MAJOR CITY: _____ CLUB WEB SITE: _____

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

CLUB CONTACT: _____

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.)

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

- WHO OWNS THE CLUB**
- Coach Owned
 - Boys & Girls Club
 - 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

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: _____

Continued on back....

REGISTRATION DATE AND TYPE

REGISTRATION DATE: _____ (For LSC Office Use Only)

PLEASE CHECK ONE:

- YEAR-ROUND CLUB
- SEASON 1 CLUB
- SEASON 2 CLUB
- ORGANIZATION

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

COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ CELL: _____

FAX: _____ EMAIL: _____

DATE OF BIRTH (mm/dd/yy): _____

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

CLUB SAFETY COORDINATOR: _____

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.)

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ <input type="radio"/> Yards <input type="radio"/> Meters	Width: _____ <input type="radio"/> Yards <input type="radio"/> Meters	<input type="radio"/> Indoor <input type="radio"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="radio"/> L-shaped pool

Pool 2: Length: _____ <input type="radio"/> Yards <input type="radio"/> Meters	Width: _____ <input type="radio"/> Yards <input type="radio"/> Meters	<input type="radio"/> Indoor <input type="radio"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="radio"/> L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ <input type="radio"/> Yards <input type="radio"/> Meters	Width: _____ <input type="radio"/> Yards <input type="radio"/> Meters	<input type="radio"/> Indoor <input type="radio"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="radio"/> L-shaped pool

Pool 2: Length: _____ <input type="radio"/> Yards <input type="radio"/> Meters	Width: _____ <input type="radio"/> Yards <input type="radio"/> Meters	<input type="radio"/> Indoor <input type="radio"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="radio"/> L-shaped pool

FACILITY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POOLS AT THIS FACILITY:

Pool 1: Length: _____ <input type="radio"/> Yards <input type="radio"/> Meters	Width: _____ <input type="radio"/> Yards <input type="radio"/> Meters	<input type="radio"/> Indoor <input type="radio"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="radio"/> L-shaped pool

Pool 2: Length: _____ <input type="radio"/> Yards <input type="radio"/> Meters	Width: _____ <input type="radio"/> Yards <input type="radio"/> Meters	<input type="radio"/> Indoor <input type="radio"/> Outdoor
# of Lanes: _____	# of Lanes: _____	<input type="radio"/> L-shaped pool

If any of the above information changes, please notify Richard Cavanah, LSC Registration Chair.