USA SWIMMING – 2026 NEW CLUB APPLICATION
LSC: FLORIDA GOLD COAST SWIMMING

☐ **NEW CLUB - - Registration Fee: $900 – (Obtain info at: fgcoffice@fgcswim.org)**

CLUB CODE: _____ CLUB NAME: _____

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

1. _____ 2. _____

PLEASE CHECK ONE:

(Club is defined as a group with athletes and coaches. Insurance certificate will be issued.)

NEAREST MAJOR CITY: _____ CLUB WEB SITE: _____

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: _____ 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: _____ 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: _____ 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: _____ Date: _____

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

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

CLUB/MARKETING CONTACT/REPRESENTATIVE: _____

POSITION (board president, owner, coach, etc.): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

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.)

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)

- ☐Sole Proprietor
- ☐Partnership
- ☐LLC
- ☐Sub-S Corporation
- ☐Does Not Apply
- ☐501(c)(3) Non-Profit Corporation
- ☐Other 501(c) Non-Profit
- ☐Other Non-Profit Corporation
- ☐Other For-Profit Corporation

☐ *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
- ☐Park & Recreation Department
- ☐Private School
- ☐Public School/District
- ☐Summer Club or Homeowner's Association
- ☐YMCA
- ☐YWCA
- ☐Jewish Community Center
- ☐Other (Please Specify: _____)

WHO OWNS THE CLUB
☐ *Check here if club ownership has changed since prior registration.*

- ☐Not Applicable
- ☐Boys & Girls Club
- ☐Coach Owned
- ☐College/University
- ☐Country Club
- ☐Health & Fitness Club
- ☐Hospital
- ☐Park & Recreation Department
- ☐Private School
- ☐Public School/District
- ☐Summer Club or Homeowner's Association
- ☐YMCA
- ☐YWCA
- ☐Jewish Community Center
- ☐Other (Please Specify: _____)

NAME OF COACH OWNER

**NAME OF COACH OWNER: _____

COACH'S USA SWIMMING ID#: _____

*****Bylaw 2.6.6: All employees, including individuals serving on the board, of USA Swimming member clubs must be non-athlete members of USA Swimming.**

***CLUB HAS A BOARD OF DIRECTORS OR OTHER GOVERNING BODY RESPONSIBLE FOR DAY-TO-DAY OVERSIGHT OF CLUB OPERATIONS

☐ Yes ☐ No. If no, please name second coach member in next section.

If yes, please list the names (first, last) of board and/or governing body members (all must be non-athlete members in good standing):
Add additional sheet if needed.

1.	2.
3.	4.
5.	6.
7.	8.

Bylaw 2.6.12: All clubs must have either (i) at least one member coach plus a board of directors or other governing body; or (ii) at least two member coaches to ensure that there are at least two adult authorities at each member club for communication and accountability purposes.

**NAME OF ADDITIONAL NON-ATHLETE COACH MEMBER

NAME OF SECOND COACH MEMBER _____

COACH'S USA SWIMMING ID#: _____

Bylaw 2.6.6: All adult employees of USA Swimming member clubs must be non-athlete members of USA Swimming.

*NAMES OF ADDITIONAL ADULT NON-COACHING CLUB STAFF:

Please list the names (first, last) of all additional adult staff members (all must be non-athlete members in good standing): ***Add additional sheet if needed.***

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

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
If "yes", please identify associated Learn to Swim Program and provide primary contact's name and phone number:

FIND-A-CLUB CONTACT (To register as a club, a Find-a-Club Contact must be listed. Information will appear on the Find-A-Team page of USA Swimming's website.)

FIND-A-CLUB CONTACT: _____

PHONE: _____ EMAIL: _____

HEAD COACH

COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

SAFE SPORT COORDINATOR

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

FAX: _____ EMAIL: _____

CLUB PRESIDENT

CLUB PRESIDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS: _____ MOBILE: _____

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 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: _____ ☐ 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: _____

Pool 1: Length: _____ ☐ Yards ☐ Meters Width: _____ ☐ Yards ☐ Meters ☐ Indoor ☐ Outdoor
# of Lanes: _____ # of Lanes: _____ ☐ L-shaped pool

If any of the above information changes, please notify:
***Richard Cavanah, Membership Chair** – FGCOffice@fgcswim.org.*