



ILLINOIS SWIMMING – 2011 CLUB APPLICATION

PAYMENT DUE WITH APPLICATION \$200.00

This must accompany all required forms for new clubs found on the USA Swimming website.
Mail all to:

Illinois Swimming, 1400 E Touhy Ave, Suite 245, Des Plaines, IL 60018

CLUB CODE _____ CLUB NAME: _____

CLUB SETTING: URBAN SUBURBAN RURAL

PLEASE CHECK ONE:

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

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.)
PLEASE NOTE: IF THE FOLLOWING IS NOT FILLED OUT WE WILL NOT BE ABLE TO PROCESS THIS APPLICATION**

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.) THIS MAY BE A DIFFERENT INDIVIDUAL THAN YOUR CLUB CONTACT YOU MUST SUPPLY A WORKING EMAIL AND PHONE.

FIND-A-CLUB CONTACT: _____

PHONE: _____ EMAIL: _____

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 this application.)

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

REGISTRAR:(This person is responsible for the Illinois Swimming registration of your club athletes, non athletes and club.

REGISTRAR NAME: _____

ADDRESS: _____

CITY-STATE-ZIP: _____

HOME PHONE: _____ BUSINESS: _____

FAX: _____ EMAIL: _____

TREASURER:

TREASURER NAME: _____

ADDRESS: _____

CITY-STATE-ZIP: _____

HOME PHONE: _____ BUSINESS: _____

FAX: _____ EMAIL: _____

CLUB PRESIDENT:

CLUB PRESIDENT NAME: _____

ADDRESS: _____

CITY-STATE-ZIP: _____

HOME PHONE: _____ BUSINESS: _____

FAX: _____ EMAIL: _____

ILLINOIS SWIMMING DELEGATE (This person must be a currently registered member of Illinois Swimming and will have your club's vote at the Illinois Swimming House of Delegates)

ISI DELEGATE NAME: _____

ADDRESS: _____

CITY-STATE-ZIP: _____

HOME PHONE: _____ BUSINESS: _____

FAX: _____ EMAIL: _____

PLEASE LIST ALL ASSISTANT COACHES AND ATTACH TO THIS FORM TO UPDATE COACHES ASSOCIATED WITH YOUR CLUB.

IF ANY OF YOUR CLUB INFORMATION CHANGES DURING THE CURRENT REGISTRATION YEAR YOU MUST CONTACT THE ILLINOIS SWIMMING OFFICE IMMEDIATELY TO UPDATE THOSE CHANGES.



The Club known as _____ hereby makes application for membership in Illinois Swimming / USA Swimming for the registration year of 2011.

Club Name _____ Club Code: _____

Contact Person: _____ Position: _____

Permanent Address: _____
Mailing Address

City State Zip Code

President's Name: _____

Head Coach Name: _____

As a club member, we agree to abide by the By-Laws and Rules and Regulations of Illinois Swimming, Inc. and USA Swimming and to respect, abide by and enforce all decisions of Illinois Swimming, Inc. and USA Swimming.

Signed _____ Date _____
Club President

Signed _____ Date _____
Head Coach

Please Note:

Section 604.1 of the USA Swimming Code and the corresponding section of the Local Swim Committee By-Laws govern the number of representatives to the Local Swim Committee House of Delegates meeting, and the vote to which they are entitled.

Mail application, all required forms and information to:

Illinois Swimming, Inc.
1400 E Touhy Ave
Suite 245
Des Plaines, IL 60018