



Requirement Checklist for First-Year Club Membership

This checklist is designed to verify that all requirements for new club membership have been met. ***It must be signed by the Head Coach for the club.*** Complete the **CLUB** column below and forward this list with all of the required application materials to the LSC Registration Chair. The LSC Registration Chair will complete the **LSC** column and forward the application to USA Swimming. Do not send incomplete forms!!

Club Name _____ Club Code _____

Head Coach Applying for Membership _____ LSC _____

Day Phone _____ Email _____

Club's Federal Tax ID Number _____ Date of Appl _____

| NEW CLUB REQUIREMENT | CLUB | LSC | NATL HQ |
|---|--|-----|---------|
| Club Items: | | | |
| 1. LSC Application Form | | | |
| 2. Demographic Questions Form | | | |
| 3. Team Mission Statement | | | |
| 4. First-Year Budget or Business Plan | | | |
| 5. Safety Action Plan for all facilities | | | |
| 6. Facility Use Confirmation Form (for all facilities) | | | |
| 7. Club Registration Fee | | | NA |
| 8. Name and club code of new club does not conflict with any other club in this LSC | <u>LSC Registrar Signature:</u> | | |
| Club Leadership & Business Management School: (to be completed within 12 months of application approval) | Date Completed: | | |
| Head Coach Items: | | | |
| 1. Head Coach's Name: | DOB: | | |
| 2. Required Safety Certifications (attach documentation for all three certifications) | | | |
| 3. Background Check (online at www.usaswimming.org) | | | |
| 4. Athlete Protection Training (online at www.usaswimming.org/protect) | | | |
| 5. Coach Ed. Requirement: Foundations of Coaching (Online test at www.usaswimming.org/coaches) | | | |
| 6. ASCA Level 2 Stroke School* | | | |
| 7. ASCA Level 3 Physiology School* | | | |

* A minimum of three years of USA-S coaching experience **may** waive the ASCA Level 2 and/or ASCA Level 3 educational requirement. Please list the LSC and years coached below. Final determination is by the Director of the Club Development Division of USA Swimming.

Year _____ LSC _____ Year _____ LSC _____ Year _____ LSC _____

By completing this form and signing below, I certify that the information given is truthful, accurate, and complete.

Head Coach Signature: _____ **Date:** _____

Print Name: _____

Official Use Only: Initial & Date when complete

LSC Official _____ Date _____

NHQ Official _____ Date _____