



MINNESOTA SWIMMING

# CLUB UP-DATE FORM

USA Swimming ~ Minnesota Swimming

**This form is NOT for Club Yearly Renewal!!**

Use this form ONLY for contact or club information changes to clubs that have CURRENT membership. There is no fee associated with this form. Complete the Entire Form each time it is submitted. Club President & Head Coach MUST sign this form, authorizing the changes.

**FULL CLUB NAME:** \_\_\_\_\_ **CLUB CODE:** \_\_\_\_\_  
The name by which you wish to be identified The 1-4 Character Club Abbreviation

**CLUB WEBSITE:** http://\_\_\_\_\_ **CLUB E-MAIL ADDRESS:** (same as club contact)

**Indicate below the city/state your club should be listed under on USA Swimming web site club search (limit 2).**

**CITY/STATE:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_

**DISCLAIMER:** Information on this application may be used on the USA Swimming club Search website, including the phone number and email address of the Club Contact.

**CLUB CONTACT:** Person who receives USA-S & MSI mailings & is **responsible for distributing the information.**

Name: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_/\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_/\_\_\_\_  
Fax: \_\_\_\_/\_\_\_\_ Email [required]: \_\_\_\_\_

**HEAD COACH:** **Must be a USA-S REGISTERED "COACH" MEMBER in current year.** Clubs must have at least (1) registered coach to apply for Membership. This Coach of Record **must be at least 18 yrs old.**

Name: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_/\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_/\_\_\_\_  
Fax: \_\_\_\_/\_\_\_\_ Email [required]: \_\_\_\_\_  
**Date of Birth:** (mm/dd/yyyy): \_\_\_\_\_ [required]

**SAFETY COORDINATOR:** Responsible for coordinating all safety matters within the club. **Must be a REGISTERED NON-ATHLETE MEMBER of USA Swimming in current year.**

Name: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_/\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_/\_\_\_\_  
Fax: \_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

**CLUB REGISTRAR:** This individual is the **ONLY person authorized & responsible for handling & processing all registrations in the club and sending them to MSI with proper form and fee in a manner prescribed by MSI policy.**

**NOTE:** If multiple sites/teams swim under **one club code**, all membership cards, questions & issues for this club code will be directed to this person. This person is responsible for communicating to their sites & back to MSI.

Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_/\_\_\_\_

Fax: \_\_\_\_/\_\_\_\_ Email [required]: \_\_\_\_\_

**CLUB TREASURER:**

Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_/\_\_\_\_

Fax: \_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

**CLUB PRESIDENT:**

Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_/\_\_\_\_

Fax: \_\_\_\_/\_\_\_\_ Email [required]: \_\_\_\_\_

**MINNESOTA SWIMMING DELEGATE:** Required Club Position. Voting Delegate to MSI House of Delegates & Bid Meeting. NA Membership required to vote. Serves as Club Representative to MSI Board Meetings.

Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_ Email [required]: \_\_\_\_\_

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**ALTERNATE DELEGATE:** Serves as voting delegate in absence of Delegate. NA membership required to vote.

Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_ Email required]: \_\_\_\_\_

**CLUB ENTRIES COORDINATOR:** Receives meet information from meet hosts. Enters club athletes into meets.

Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_ Mobile: \_\_\_\_/\_\_\_\_

Fax: \_\_\_\_/\_\_\_\_ Email [required]: \_\_\_\_\_

## **Information Required by USA Swimming:**

### **PRIMARY ORGANIZATIONAL AFFILIATIONS**

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**

- Boys & Girls Club
- Coach Owned
- 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

As a Minnesota Swimming - USA Swimming Club we agree:

- > To abide by the By-laws and Rules & Regulations of USA Swimming and Minnesota Swimming, Inc.
- > To respect, abide by and enforce all decisions of the Board of Directors of Minnesota Swimming, Inc. and USA Swimming.
- > In addition, our club agrees that all athletes participating in sanctioned competitions are current USA Swimming athlete members and all coaches and assistant coaches who coach at sanctioned competitions are current non-athlete COACH members of USA Swimming.

**Required Signatures:**

*We attest to the above statements, have read, and agree to the information on this application.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Club President

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Head Coach (if different from above)

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**Send completed & signed Up-Date forms to:**  
MINNESOTA SWIMMING  
1001 Highway #7  
Hopkins, MN 55305

**\*\* This form may also be scanned & sent by email.  
Faxing is not the preferred method, as  
the forms often are not clear.**

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> Send the Assistant Coach Addendum with this application, if applicable. You do NOT need to complete a Club Update Form to change assistant coaches. Just complete the addendum with all assistants & current contact information.

**Please keep all addresses/phone #'s, & email addresses current with the MSI Office.  
Club Update Form not required for this. Just call the swim office or send an email.**

> Club officials & Meet Directors are required to be registered if you are hosting a swim meet. Those that you list on your meet information will be checked for membership, in the year of your meet, when you apply for a sanction.

**NOTE:** Please notify the MSI Office immediately regarding any further changes in the above club positions by completing (in full) and resubmitting another Up-Date Form. This may be done an unlimited number of times and helps us serve you better by keeping our files up-to-date.

**THANK YOU!**