



NEW MASTERS CLUB APPLICATION
***Optional / Applicable Information**
 (ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED)

Section A - Club Information

Club Name _____ Call Letters _____
 (Name and call letters must not be in conflict with existing clubs in Swimming Canada registration system)

Club Address _____

City _____ Postal Code _____

Club Phone _____ *Club Fax _____

Club Email _____ *Club Web Site _____

*Incorporation # _____ Region of Operation Masters
 (if incorporated)

The following must be included with application:	Submitted	Reviewed by Swim Ontario
• Business Plan or current Financial Plan	<input type="checkbox"/>	<input type="checkbox"/>
• Club By-Laws	<input type="checkbox"/>	<input type="checkbox"/>
• Club Policies & Procedures	<input type="checkbox"/>	<input type="checkbox"/>
• Club Code of Conduct for members	<input type="checkbox"/>	<input type="checkbox"/>
• Projected forecasts – financial	<input type="checkbox"/>	<input type="checkbox"/>
• *Incorporation Documents (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• Other Club Operation documents	<input type="checkbox"/>	<input type="checkbox"/>

President or Club Designate Name _____ Email _____
 (Minimum one Board member or Club Designate other than Head Coach)

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

*Please list all Club Board Members (Attach separate list for additional Board Members)

Name _____ Position _____

Email _____ Phone # _____

Name _____ Position _____

Email _____ Phone # _____

Name _____ Position _____

Email _____ Phone # _____

Club Registrar Name _____ Email _____

Address _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Section B - Coach Information

Head Coach Name _____

Vulnerable Sector Check (VSC)
(Attach copy of document with application)

If previous name different from above (ie. Maiden) _____

*NCCP # _____ *Certification Level _____
(For the 2017-18 season clubs will have 1 year to ensure they have a coach with the minimum certification or find a certified coach.)

Address _____ Email _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Please list all Coaches (Attach separate sheet for additional coaches)

Name _____

Vulnerable Sector Check (VSC)
(To be provided upon registration)

*NCCP # _____ *Certification Level _____

Address _____ Email _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Name _____

Vulnerable Sector Check (VSC)
(To be provided upon registration)

*NCCP # _____ *Certification Level _____

Address _____ Email _____

City _____ Postal Code _____

Res. Phone _____ Bus. Phone _____

Name _____

Vulnerable Sector Check (VSC)
(To be provided upon registration)

*NCCP # _____

*Certification Level _____

Address _____

Email _____

City _____

Postal Code _____

Res. Phone _____

Bus. Phone _____

Section C – Program Information

Does the club plan on attending Masters meets? Yes No

Does the club plan on hosting Masters meets? Yes No

*Meet Manager Name _____

*Email _____

*Phone # _____

*Officials Chair Name _____

*Email _____

*Phone # _____

Please attach the following:

Submitted

Reviewed by Swim Ontario

- Workout Schedule

- Competition Outline (if applicable)

Please be sure to attach all documents as needed.

Section D - Pool Facility Information

(Please attach list of any additional pool)

Swim Ontario must have a completed Pool Depth Certificate for each pool used. See [Current List](#).

Pool _____

Pool Depth Certificate
(confirm there is a certificate on file at Swim Ontario)

Pool Rental Contract
(attach)

Facility Contact Person _____

Address _____

Phone # _____

Pool _____

Pool Depth Certificate
(confirm there is a certificate on file at Swim Ontario)

Pool Rental Contract
(attach)

Facility Contact Person _____

Address _____

Phone # _____

Pool _____

Pool Depth Certificate
(confirm there is a certificate on file at Swim Ontario)

Pool Rental Contract
(attach)

Facility Contact Person _____

Address _____

Phone # _____

Pool _____

Pool Depth Certificate
(confirm there is a certificate on file at Swim Ontario)

Pool Rental Contract
(attach)

Facility Contact Person _____

Address _____

Phone # _____

Pool _____

Pool Depth Certificate
(confirm there is a certificate on file at Swim Ontario)

Pool Rental Contract
(attach)

Facility Contact Person _____

Address _____

Phone # _____

Section E - Insurance Certificates

Requirement for New Masters Clubs Applications received before January 15, 2018

Annual insurance Certificates are provided by BFL Canada for period December 1 – November 30 for all age group and masters clubs who meet the requirements. Note: Member clubs will still be permitted to apply for and request additional certificates of insurance for additional insureds throughout the membership term.

These applications will be subject to review and authorization by Swim Ontario.

Pool Depth Certificates must be on file for every pool. See [Current List](#).

Please list each facility that is used for day to day operations as well as for competition hosting.

Facility Name (Legal Name)	Facility address (including city and postal code)	Additional information required named on the certificate of insurance

Section F – Required Operational Document

Requirement for New Masters Clubs Applications received before January 15, 2018

See [Masters Registration, Membership & Competition – Joining Swim Ontario document](#)

1. Completed New Masters Club Application and application fee
2. [Registrar Compliance Declaration](#) form
3. [Masters Declaration Form](#)
4. * Copy of Original Incorporation Documents and Certificate of Status (if incorporated)
5. * [Additional User Declaration Waiver](#) form for Team Manager or Club Officials Chair/Administrator for access to official’s registration.
6. Affiliation Club Fee (\$100) and Club Coach (\$100) fee - \$200 + HST = \$226.00 payable to Swim Ontario for 2017-18 season applications (on separate cheque from application fee)

Applications received for 2018-19 season require the completed New Masters Club Application form and Fee (#1 only).

Section G - Agreement

We agree to abide by the By-Laws of Swim Ontario, SNC and the policies, rules and regulations of Swim Ontario. The club executive understands fully the implications of being a member club of Swim Ontario.

Name of club representative _____ Position _____

Signature _____ Date _____

Office Use only:

Date Rec’d _____

Application fee 2017-2018 season (before Jan. 15, 2018) \$375 Application fee 2018-2019 and beyond \$750