



**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)

Club Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Club Phone \_\_\_\_\_ \*Club Fax \_\_\_\_\_

Club Email \_\_\_\_\_ \*Club Web Site \_\_\_\_\_

\*Incorporation # \_\_\_\_\_ Region of Operation Masters \_\_\_\_\_  
 (if not incorporated – provide proof of application by Dec. 1/17 for 2017-2018 season applications)

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 \_\_\_\_\_

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### 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 \_\_\_\_\_

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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 \_\_\_\_\_

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Name \_\_\_\_\_ Vulnerable Sector Check (VSC)

(To be provided upon registration)

\*NCCP # \_\_\_\_\_ \*Certification Level \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Res. Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

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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 # \_\_\_\_\_

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Pool \_\_\_\_\_

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

Pool Rental Contract   
(attach)

Facility Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

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Pool \_\_\_\_\_

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

Pool Rental Contract   
(attach)

Facility Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

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Pool \_\_\_\_\_

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

Pool Rental Contract   
(attach)

Facility Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

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### Section E - Insurance Certificates

#### Requirement for New Masters Clubs Applications received before November 30, 2017

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 November 30, 2017**

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 Nov. 30, 2017) \$375       Application fee 2018-2019 and beyond \$750