

Demographic Questions for NEW Clubs

Instructions for completion of "Demographic Questions"

Please complete the following six pages to the best of your ability. USA Swimming realizes that you are joining as a new club member and therefore may not have all of the information available that we are requesting. However, we do ask that at least for the first year that you give us your best estimate. You will be asked to update this information on a regular basis so do not worry about putting a "wrong" answer on this initial response.

As a result of completing this form, you will automatically receive a free USA Swimming Club Toolbox. This Toolbox is filled with a variety of resources and materials that will help you with the successful operation of your swim team.

Toolbox

- The format the club would like to receive the toolbox video's from USA Swimming
 VHS DVD
- Ship to address: (can not be a PO Box)

Name _____

Address _____

Address _____

City, State, Zip _____

Phone _____

Parent Information:

Financial base of the team (Check one only)

Lower income Middle Income Upper income

How often do you intend to run a Parent Education program? (Check one only)

1 time/yr 2-3 times/yr 4-6 times/yr 7-12 times/yr 13+ times/yr

Types of Parent Education that you anticipate using (Check all that apply)

Team handbook Coach lectures Outside Speakers Parent lectures
 Newsletters Website Videos Other

Survey:

Please check any items that you are interested in receiving additional information from USA Swimming:

Strategic Planning Coaches Conferences Coaches Education Parent Education
 Club Leadership Recruiting Information Swim-A-Thon
 Phone call from the USA Swimming Club Development Coordinator who serves your Zone
 Visit from Club Development Coordinator
 Other services requested _____

Athlete information

Projected number of athlete's in your first year of operation:

# of Short Course Male 12/U	_____	# of Long Course Male 12/U	_____
# of Short Course Male 13/O	_____	# of Long Course Male 13/O	_____
# of Short Course Female 12/U	_____	# of Long Course Female 12/U	_____
# of Short Course Female 13/O	_____	# of Long Course Female 13/O	_____
# of Year Round Athletes	_____		

Demographic Questions for NEW Clubs

Seasonal Athletes (this may not be offered as an option in your Local Swim Committee):

<u>Season #1</u>	<u>Season #2</u>
# Season 1 Male 12/U _____	# Season 2 Male 12/U _____
# Season 1 Male 13/O _____	# Season 2 Male 13/O _____
# Season 1 Female 12/U _____	# Season 2 Female 12/U _____
# Season 1 Female 13/O _____	# Season 2 Female 13/O _____

Learn to Swim Program Type (Check only one)

None Swim America Red Cross YMCA/YWCA
 Our Own Other

Nationality #'s: (please enter an estimate for your entire team)

African-American Asian/Pacific Caucasian Hispanic
 Mixed Native American Other Don't Know

Fees: (please enter a number for training fees for the entire year)

Entry Level Age Group: \$ _____ per year
 Advanced Age Group \$ _____ per year
 Senior Fees \$ _____ per year
 Other (any other mandatory fees) \$ _____ per year

Special Fee Categories (Check any that apply):

None Financial Disabled Academic
 At Risk Youth Talent

Team Information

Team Operation

Who owns the club? (Check only one)

Coach College Parent Board Park & Rec
 Private School System YMCA/YWCA Other

Club Tax Listing (Check only one)

501c3 other 501c() Sole Proprietor S12 Partnership
 LLC For Profit Other Does not apply

Annual estimated Operating Budget (Check only one)

\$0-25,000 \$25,000-100,000 100,000-250,000 \$250,000+

Annual Pool Rental: \$ _____

on Board of Directors: 0/No Board 1-3 4-6 7-12 13+

Board Term: 1 year 2 years 3 years
 4+ years No set term Other

Staff in addition to coaches (Check all that apply):

Office mgr Business manager
 accountant secretary other

What percentage of the swim teams revenue comes from:\

Dues/membership Swim meets Sponsorship/gifts Fundraising Other

Winter Season/Short Course - Weekly Hours (List each pool separately)

Pool Name	Pool Owner	Weekly Hours				Weeks per year	Avg. Yearly Rental Costs
		25y	25m	50m	other		

Demographic Questions for NEW Clubs

Summer Season/Long Course - Weekly Hours (List each pool separately)

Pool Name	Pool Owner	Weekly Hours				Weeks per year	Avg. Yearly Rental Costs
		25y	25m	50m	other		

Fill out each of the water time sections to the best of your ability. Please note that there is a separate section for the fall/winter (school year) season and the summer season.

Water Time: Senior Group

How will you evaluate athletic performance? _____

Average # of coaches on deck _____

Avg. size of this training group _____ Avg. team size of this training group _____

Average yearly volume _____ Swimmers with Nationals cuts _____

Age range (years old): _____ Youngest _____ Oldest

Winter Season:

Workouts/week _____ Hours/workout _____

Swimmers/lane _____

Summer Season:

Workouts/week _____ Hours/workout _____

Swimmers/lane _____

Water Time: Advanced Age Group

How will you evaluate athletic performance? _____

Average # of coaches on deck _____

Avg. size of this training group _____ Avg. team size of this training group _____

Average yearly volume _____ Swimmers with Top 16 cuts _____

Age range (years old): _____ Youngest _____ Oldest

Winter Season:

Workouts/week _____ Hours/workout _____

Swimmers/lane _____

Summer Season:

Workouts/week _____ Hours/workout _____

Swimmers/lane _____

Water Time: Age Group

How will you evaluate athletic performance? _____

Average # of coaches on deck _____

Avg. size of this training group _____ Avg. team size of this training group _____

Average yearly volume _____

Age range (years old): _____ Youngest _____ Oldest

Winter Season:

Workouts/week _____ Hours/workout _____

Swimmers/lane _____

Summer Season:

Workouts/week _____ Hours/workout _____

Demographic Questions for NEW Clubs

Swimmers/lane _____

Water Time: Novice

How do you evaluate athletic performance? _____

Average # of coaches on deck _____
 Avg. size of this training group _____ Avg. team size of this training group _____
 Average yearly volume _____
 Age range (years old): _____ Youngest _____ Oldest
 Winter Season:
 Workouts/week _____ Hours/workout _____
 Swimmers/lane _____
 Summer Season:
 Workouts/week _____ Hours/workout _____
 Swimmers/lane _____

Training Environment for the Senior Group: Average Time per session out of the pool

Estimate the average dryland training time per week for each of the following activities. Circle the “# Sessions per week” and the “Average Time per session” for each activity listed below:

		# Sessions per week					Average Time per session (in minutes)				
Weights/week	0	1-2	3-4	5+	@	<15 min	16-30 min	31-45 min	46-60 min	61+ min	
Running/week	0	1-2	3-4	5+	@	<15 min	16-30 min	31-45 min	46-60 min	61+ min	
Pilates/week	0	1-2	3-4	5+	@	<15 min	16-30 min	31-45 min	46-60 min	61+ min	
Medicine Balls/week	0	1-2	3-4	5+	@	<15 min	16-30 min	31-45 min	46-60 min	61+ min	
Free body/week	0	1-2	3-4	5+	@	<15 min	16-30 min	31-45 min	46-60 min	61+ min	
Other/week	0	1-2	3-4	5+	@	<15 min	16-30 min	31-45 min	46-60 min	61+ min	

High School & Leagues

High School / USA Swimming relationships

Athletes can train with club team and compete for high school _____ Yes _____ No
 Athletes can not train with club team during high school season _____ Yes _____ No
 Athletes can legally train with club team, but don't _____ Yes _____ No
 Athlete can compete in club meets during high school season _____ Yes _____ No
 Is high school swimming emphasized in your area _____ Yes _____ No
 Do club and high school programs work collaboratively _____ Yes _____ No
 Do club and high school programs come into conflict _____ Yes _____ No
 Is so, How? _____

What season is your HS program for girls: _____ Fall _____ Winter _____ Spring
 What season is your HS program for boys: _____ Fall _____ Winter _____ Spring

Summer League

Do you recruit from the summer leagues _____ Yes _____ No
 Do you run clinics for the summer leagues _____ Yes _____ No
 Do club and summer leagues work collaboratively _____ Yes _____ No
 Do club and summer leagues come into conflict _____ Yes _____ No
 What % participate in both USA-S meets and summer league meets: _____
 How is the summer league insured? _____
 Are these swimmers required to register with USA Swimming _____ Yes _____ No
 Is so, How? _____

Winter League:

Do your swimmers participate in a winter league _____ Yes _____ No
 Are these swimmers required to register with USA Swimming _____ Yes _____ No
 What % participate in both USA-S meets and winter league dual meets: _____

Demographic Questions for NEW Clubs

Computer

Main Computer Type? PC Mac None
of Laptops? 0 1 2-3 4-5 6+
of Desktops? 0 1 2-3 4-5 6+
Average Age of computers?
 Less than 1 year 1 year 2 years 3 years 4+ years
Main Operating System?
 Windows 95/98 Windows 2000/NT Windows XP Mac Other
How do you connect to the Internet?
 No connection Dial-up DSL Other high speed
Who is comfortable using a/the computer? (Check all that apply)
 Head coach Assistant coach(es) Office Administrator
 Parent Volunteer Other
Who manages the team website
 Head Coach Assistant Coach Office Administrator
 Parent Volunteer Outside Company Other No team website

Video

Total # of Cameras: Underwater Filming Capabilities? Yes No
Camera Types:
 VHS: 0 1 2 3+ 8mm: 0 1 2 3+
 Digital: 0 1 2 3+ MiniDV: 0 1 2 3+
 Other: 0 1 2 3+
Who is comfortable using Video (Check all that apply)
 Head coach Assistant coach(es) Office Administrator
 Parent Volunteer Other
Do you use a digital video program? No Dartswim Other

Training/Testing

Usage of Energy Systems (Check one only):
 None 5 Zone (European) 7 Zone (USA-S) Other
Do you utilize any unique training equipment? _____

What is your testing philosophy? _____

Testing resources (Check boxes)
 Lactate Testing Strength Testing Heart Rate monitors Race Analysis
 Other _____
Computerization of testing results (Check all that apply):
 Access Word Other Hytek Excel

Sports Medicine

Medical Resources Utilized (Check all that apply):
 Team Physician Orthopedist Sport Psychologist/Counselor
 Nutritionist Massage Therapist
 Other _____

Demographic Questions for NEW Clubs

If you have any recommended team support personnel, please list them below:

Local Sports Medicine

Notes _____
Address 1 _____
Address 2 _____
City/State/Zip _____
Phone _____ email _____

Team Doctor

Notes _____
Address 1 _____
Address 2 _____
City/State/Zip _____
Phone _____ email _____

Team Orthopedist

Notes _____
Address 1 _____
Address 2 _____
City/State/Zip _____
Phone _____ email _____

Team Psychologist

Notes _____
Address 1 _____
Address 2 _____
City/State/Zip _____
Phone _____ email _____

Nutritionist

Notes _____
Address 1 _____
Address 2 _____
City/State/Zip _____
Phone _____ email _____

Massage Therapist

Notes _____
Address 1 _____
Address 2 _____
City/State/Zip _____
Phone _____ email _____

Hospital or any group that supports athlete testing

Notes _____
Address 1 _____
Address 2 _____
City/State/Zip _____
Phone _____ email _____