



Local Partner Application

The USA Swimming Foundation's Make a Splash initiative is a national child-focused water safety campaign, which aims to provide the opportunity for every child in America to learn to swim. Through Make a Splash, the USA Swimming Foundation partners with learn-to-swim providers and water safety advocates across the country to provide swimming lessons and educate children and families on the importance of learning how to swim.

If you are a swim lesson provider interested in becoming a Make a Splash Local Partner and joining the USA Swimming Foundation in its efforts to promote learn-to-swim and water safety in your community, please complete and submit the application below in its entirety. Applications are accepted on a rolling basis throughout the year, and the USA Swimming Foundation team will contact you within one (1) week of receiving your completed application.

If you have any questions about the USA Swimming Foundation's Make a Splash initiative, please contact us at masinfo@usaswimming.org.

**This understanding does not constitute a legal or binding agreement between the parties or their authorized representatives and shall not constitute any party as the agent, partner, or legal representative of the other for any purpose whatsoever.*

Organization Information

Legal Name of Organization: _____

Trade Name or Preferred Name: _____

Street Address (no PO boxes please): _____

City, State, Zip: _____

Organization Phone: _____ Organization Email: _____

confirmation message will be sent to this address

Please select your operating status from the list below:

- Not-for-profit
- Small Municipality
(serves a population less than 250,000)
- Large Municipality
(serves a population over 250,000)
- Not Applicable
- For profit

Year organization established: _____

Program Setting: Urban Rural Suburb

Nearest Major City: _____

Organization's Mission and Vision Statement: _____

Primary Contact:

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Secondary Contact:

Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Are you or your organization affiliated with any aquatic industry associations, organizations, or groups? (Example: NDPA, AOAP, etc.)

- No
- Yes (please list): _____



Local Partner Application

Facility Information

Do you rent/lease or own your own facility?

Rent/lease: How long is your contract? _____

Name of the rental/leasing entity: _____

Own: Facility Street Address: _____

City, State, Zip Code: _____

If you have multiple locations please include a document listing each facility's name, street address, city, state, zip code, primary contact name, phone number, email address, and website (if different from primary web address). All facilities will be included on the USA Swimming Foundation's Swim Lesson Finder at: usaswimmingfoundation.org/makeasplash.

Emergency Action Plan: Please attach a hard copy of your emergency action plan **for each facility**.

Program Information

Please enter the average number of children served during each of the following time periods:

Spring (Jan 1-May 31)

Summer (Jun 1-Aug 31)

Fall (Sept 1 - Dec 31)

What ages do you serve? (select all that apply)

- Parent/Child (please indicate water temperature*: _____) Preschool School-age Adult
- *Parent/Child programs meeting the Make a Splash Local Partner requirements, with 90-97 degree water, are denoted as Water Smart Babies providers. Additional information on Water Smart Babies will be provided during the on-boarding process.

What curriculum do you use? (select one)

- American Red Cross YMCA Starfish Swimming
- SwimAmerica Swim Lessons University Other (please attach curriculum)

Number of classes per session? (select one) Note, the USA Swimming Foundation requires Make a Splash Local Partners to offer at minimum four (4) hours of instruction for one (1) session of swimming lessons.

- 0-3 classes 4-7 classes 8+ classes

Class length? (select one) Note, the USA Swimming Foundation requires Make a Splash Local Partners to offer at minimum four (4) hours of instruction for one (1) session of swimming lessons.

- <30 minutes 30-40 minutes 45-60 minutes 60+ minutes

Instructor to student ratio? (select one) Note, the USA Swimming Foundation requires Make a Splash Local Partners to maintain a maximum 1:6 instructor to student ratio. In the space provided, please explain if your program's ratio is higher than this requirement.

- Less than or equal to 1:6 More than 1:6 _____

What additional services do you provide? (select all that apply)

- Adaptive Aquatics Aquatic Exercise Classes Pre-competitive swim team
- Swim Team: If this is a USA Swimming Team, please name: _____

Other (Please provide a list of additional services your program provides): _____

Do you refer participants to a swim team upon readiness? No Yes (please list): _____

Do you offer trainings or certifications? (select all that apply)

- Lifeguard CPR First Aid Instructor Training Other, please list: _____



Local Partner Application

Scholarship and Community Outreach Profile

Do you offer scholarships for swim lessons? YES NO

If yes, approximately how many do you provide annually? _____

If yes, how do you determine eligibility? (e.g. School Free/Reduced Lunch Program, Tax Return, Income/Expense sheet, Case-by-case, etc.)

Do you actively provide water safety education in your community and/or host community outreach events? YES NO

If yes, approximately how many events per year? _____

If yes, approximately how many individuals are served annually through these events? _____

Sample Materials: Please provide a copy of your **program brochure** (including fee information, program schedule, and promotional literature) and **awards** (certificates or recognition collateral used for children completing a level or session). You may provide a URL or hardcopy/photo of the materials.

Instructor/Staffing Information

Do you run:

Background checks YES NO

Reference checks YES NO

CPR/AED Certification required:

All Instructors Most Instructors Some Instructors N/A

First Aid Certification required:

All Instructors Most Instructors Some Instructors N/A

Lifeguard Certification required:

All Instructors Most Instructors Some Instructors N/A

In-service training (hours per month):

1-2 hours 3-4 hours 5+ hours N/A

Instructor training Agency:

American Red Cross YMCA Starfish Aquatics Institute

SwimAmerica Swim Lessons University

Other (If other, please complete the questions below)

Classroom based training (number of hours): _____

In-water training (number of hours): _____

Instructor Shadowing (number of hours): _____

Practice teaching (number of hours): _____

Local Partner Marketing Materials

Please check all Make a Splash items below that you are able to use for your program and/or in your facility:

Local Partner Facility Signage Wristbands Temporary Tattoos "I Swim" stickers

Water Drop Lapel Pins Water Safety Tip Cards Bag Tags Pencils

Water Watcher cards with water safety tips, wristband, and whistle (for parents/caregivers)



Local Partner Application

Insurance Information

Please include a copy of your program's current insurance certificate.

Please read and sign the following Indemnification Agreement:

To the greatest extent permitted by law, the Make a Splash Local Partner shall indemnify, defend, and hold harmless the USA Swimming Foundation and USA Swimming and the directors, officers, employees, agents, and volunteers on both organizations from any and all claims, damages (including but not limited to injury to persons or property), liabilities, fines, and expenses, including but not limited to court costs and attorney's fees, that arise out of or are related to: (a) the actions or omissions, negligence or intentional misconduct of the Make a Splash Local Partner, its affiliates, agents, volunteers, or employees; (b) use by the Make a Splash Local Partner of any equipment or swimwear provided by the USA Swimming Foundation; and (c) breach of this Agreement by the Make a Splash Local Partner.

The Make a Splash Local Partner shall, at its option, maintain in force either (a) policy or policies of insurance, (b) self-insurance program, or (c) combination of insurance policy and self-insurance policy, with limits as specified below, insuring against liability which may be imposed arising out of the above:

Commercial general liability including personal injury insurance with the following limits:

- Each Occurrence: \$2,000,000
- Personal and Advertising Injury: \$2,000,000
- Participant Liability: \$2,000,000
- General Aggregate: \$4,000,000

The coverage's referred to above shall include the USA Swimming Foundation and USA Swimming as an additional insured.

BY ENTERING MY SIGNATURE, MY NAME, MY PROGRAM'S NAME, AND THE DATE, I AGREE TO ALL OF THE TERMS AND CONDITIONS DESCRIBED ABOVE IN THE INDEMNIFICATION AGREEMENT.

Signature: _____

Printed Name: _____

Legal Name of Organization: _____

Date: _____

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Don't forget to include the following documents:

- Facility and Contact Information *(if operating multiple facilities)*
- Emergency Action Plan for EACH Facility
- Curriculum *(if "other")*
- Program Brochure and/or Literature
- Recognition/Award Samples
- Proof of Insurance

Make a Splash use only:

Application received: _____ Initial Email with Logo sent: _____ Insurance requirement received: _____

Link/Logo verification: _____ Entered into database: _____ Local Partner Kit mailed: _____

Enrollment Report Instructions and PW sent: _____ Completed - NHQ Official _____ Date: _____

