

2011 National Aquatics Program Awards

Official Entry Form

(It is very important that you read the general information paper before completing this form.)

1. Name of Your Organization _____
2. Facility Mailing Address _____
City _____ State _____ Zip Code _____
3. Telephone Number (_____) _____ Fax Number (_____) _____
4. Person Submitting This Entry _____ Title _____
Home Phone (_____) _____ Cell Phone (_____) _____
5. Manager of this Facility _____ Work Number (_____) _____
Cell Number (_____) _____
6. Operating Season (Check one):
 Open Year Round Summer Only Facility We are open from (month) _____ To _____

7. **CATEGORY** Please check one category below that clearly defines the category of your organization (Each pool checking a category will be entered in the Category Contest, the Top in Your State Contest, plus the Top Programs in the Country Contest)

- | | | | |
|---|--|---|--|
| 1. <input type="checkbox"/> Apartment Complex | 17. <input type="checkbox"/> Cruise Ship | 33. <input type="checkbox"/> Multi-Housing Units | 48. <input type="checkbox"/> State or National Parks |
| 2. <input type="checkbox"/> Aquatic Fitness Ctr. | 18. <input type="checkbox"/> Day Spa | 34. <input type="checkbox"/> Municipality | 49. <input type="checkbox"/> Sports Club |
| 3. <input type="checkbox"/> Athletic Club | 19. <input type="checkbox"/> Family Life Ctr. | 35. <input type="checkbox"/> Parks & Rec | 50. <input type="checkbox"/> Swim Club |
| 4. <input type="checkbox"/> Backyard Pool | 20. <input type="checkbox"/> Girls Club | City <input type="checkbox"/> County <input type="checkbox"/> | 51. <input type="checkbox"/> Swimming School |
| 5. <input type="checkbox"/> Boys Club | 21. <input type="checkbox"/> Health Club | 36. <input type="checkbox"/> Physical Therapy Ctr. | 52. <input type="checkbox"/> Technical College |
| 6. <input type="checkbox"/> Business/Industry/Corp | 22. <input type="checkbox"/> Health & Fitness Ctr. | 37. <input type="checkbox"/> Physical Therapy Hosp. | 53. <input type="checkbox"/> Tennis Club |
| 7. <input type="checkbox"/> Camp | 23. <input type="checkbox"/> High School | 38. <input type="checkbox"/> Prep School | 54. <input type="checkbox"/> Theme Park |
| 8. <input type="checkbox"/> Campground/RV Ctr. | 24. <input type="checkbox"/> Hospital/Medical Ctr. | 39. <input type="checkbox"/> Private School | 55. <input type="checkbox"/> University (#10 is College) |
| 9. <input type="checkbox"/> City Club | 25. <input type="checkbox"/> Hospital Clinic | 40. <input type="checkbox"/> Private Swim Club | 56. <input type="checkbox"/> Water Theme Park |
| 10. <input type="checkbox"/> College | 26. <input type="checkbox"/> Hotel | 41. <input type="checkbox"/> Prof'l Sports Team | 57. <input type="checkbox"/> Water Therapy Ctr. |
| 11. <input type="checkbox"/> Community Ctr. | 27. <input type="checkbox"/> Institute | 42. <input type="checkbox"/> Rehabilitation Ctr. | 58. <input type="checkbox"/> Wellness Ctr. |
| 12. <input type="checkbox"/> Community College | 28. <input type="checkbox"/> JCC/YMHA | 43. <input type="checkbox"/> Resort | 59. <input type="checkbox"/> Wellness Clinic |
| 13. <input type="checkbox"/> Condo | 29. <input type="checkbox"/> Junior College | 44. <input type="checkbox"/> Retirement Community | 60. <input type="checkbox"/> Women's Only Facility |
| 14. <input type="checkbox"/> Corporate Recreation | 30. <input type="checkbox"/> Life Care Community | 45. <input type="checkbox"/> School District | 61. <input type="checkbox"/> YMCA |
| 15. <input type="checkbox"/> Correctional Institute | 31. <input type="checkbox"/> Military Facilities | 46. <input type="checkbox"/> Spa | 62. <input type="checkbox"/> YWCA |
| 16. <input type="checkbox"/> Country Club | 32. <input type="checkbox"/> Motels | 47. <input type="checkbox"/> Sports Medicine Ctr. | 63. <input type="checkbox"/> Other _____ |

8. **Aquatic Director's Information** (or the person responsible for the total aquatic program)

Name _____ Title _____

A. Is Your Job a Full Time or Part Time Aquatics Director's Position? _____

B. A Brief Description of your Aquatic Duties and Responsibilities _____

C. Your Aquatic Facility Mission Statement (in 30 words or less) _____

Salary Range

- Under \$19,999/yr \$30,000-\$39,999 \$50,000-\$59,999 \$70,000-\$79,999
 \$20,000-\$29,999 \$40,000-\$49,999 \$60,000-\$69,999 \$Over \$80,000

Years of Experience as a Full Time Aquatics Director:

At This Facility _____

At Other Facilities _____

Total= _____ years of Experience as a Full Time Aquatics Director

The Final Entry Deadline is Monday, December 20, 2010 at 12:00 Noon

HEALTH & SAFETY

1. Do you hire nationally aquatics certified persons for the following positions? (check the appropriate box for each)

Position	Number of staff members who have National Certifications under this category	We don't have this position	Yes! All of the time	Some of the time	None of the time	Name of National Certifying Organization (This info is required)
Certified Pool Operator						
Aquatic Director						
Water Exercise Instructors (National Water Fitness Certification)						
Aquatic Fitness Personal Trainers						
Coordinators of Water Fitness Programs						
Lifeguards						
Swimming Instructors						

2. Nationally Certified Lifeguard on Duty?

Is a nationally certified lifeguard on duty every hour that your pool is open for use? Yes No
 If not, why? _____

3. Emergency Action Plan

- a. Does your facility have an up-to-date typed emergency action plan? Yes No
 How many total pages is it typed on? _____ pages
- b. Are frequent practice sessions held? Yes No If yes, how often? Weekly, Monthly, Other _____

4. The USWFA motto is - "The Health and Safety of Our Participants (Including Our Instructors) Is Our Top Priority."

Does your facility use this motto? Yes No
 If yes, how? _____
 If no, why not? _____

5. Use of Accident and/or Incident Report Forms

- a. Does your facility use Accident Report Forms? Yes No
- b. Does your facility use Incident Report Forms? Yes No
- c. What is done with these forms after they are completed?
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____

6. Use of Water Exercise Products

Please list all types of Water Exercise products used in your Water Exercise classes _____

7. Check all First Aid or Safety Equipment that you currently have in your pool area

- Emergency Phone in the Pool Area
- Rescue Tube (Wraparound Tube)
- Well Stocked First Aid Kit
- Elevated Lifeguard Chair
- Properly Equipped Backboard w/ Head Immobilizer
- Cervical Collar and Straps
- Lift to assist disabled patrons to get in and out of pool
- Reaching Poles
- CPR Mask for every guard
- Oxygen (Emergency Portable Medical)

List any other items not provided above _____
 Do you have an AED in your pool area? _____ If yes, where is it located? _____

AQUATIC INSTRUCTION

- We **do not** have a swimming instruction program at our facility. (Skip this page, proceed to page 4)
- We **do** have a swimming instruction program and have completed as much of the information as possible.
Have you attached flyers, folders or other printed information regarding your instruction program? Yes No

1. **Swim School** – Do you advertise your swimming instruction programs as a swim school? Yes No
If yes, the name of your swim school _____

2. **Swimming Classes**

Age Group	Total Number of Different Classes Per Week		Length of Individual Classes	*Charge per class
	Summer	School Year		
Under 3 years old				
3-5 years				
6-13 years				
14-18 years				
Adults				
	Total =	Total =		

Grand Total Number of Classes per year (total number of summer and school year classes) = _____ classes

Not by weeks. Months, etc. Charge for each individual Class

3. **Financial Status of Swimming Classes** (please check one of the following)

- Non-revenue producing Money is lost by conducting swim classes Breakeven
 Big revenue generator Subsidized by an outside source

Explain your answer _____

4. **Private Swimming Instructing**

Do you offer private swimming lessons? Yes No
 If yes, what do you charge per lesson and how many different private swimming lessons are there per week?
 \$ _____ per lesson We have _____ private swimming lessons a week in the summer
 We have _____ private swim lessons a week during the school year
 How long are your private lessons? _____ minutes

5. **National Certification Courses Held At Your Facility During The Last Year**

Aquatic Specialization	How Many Courses of this type did you hold this year	Number of Participants	Course Dates	Name of National Certifying Organization
<i>Swimming Instructors</i>				
<i>Lifeguard Training</i>				
<i>Water Fitness Instructors</i>				
<i>Arthritis Aquatics Instructors</i>				
<i>CPR</i>				
<i>Scuba</i>				
<i>(Other)</i>				

Totals =

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6. **Other comments you would like to make about your Swimming instruction program**

WATER EXERCISE

- We **do not** have this type of program at our facility (Skip this page, proceed to page 5)
- We **do** have this type of program and have completed as much of the following information as possible
Have you attached flyers, folders or other printed information regarding your instruction program? Yes No

1. Formal Program

- a. Are **all** of your water exercise classes taught by **Nationally Certified Water Fitness Instructors**? Yes No
If no, explain _____
- b. Number of different **kinds** of classes (Aqua Aerobics, Deep Water, Water Walking, Arthritis, etc.)
Summer (June-August) _____ Winter (September-May) _____ Total _____
- c. **Number of total classes each week**
Summer (June-August) _____ Winter (September-May) _____ Total _____
- d. Class Length
 All classes are 1 hour each All classes are 45 minutes each All classes are 30 minutes each
 Other, explain _____
- e. Average number of people in your Water Exercise Classes = _____
- f. **Estimated Number of Participants Involved in Your Water Exercise Classes During the Past Year** (Please do not over estimate this number. Please try to be as accurate as possible, and mark the number of **different people** below. This number should **NOT** include swimming classes, swimming teams, informal water exercise, activities not organized by your facility and do not include masters swimmers numbers. **This includes only the total number of persons in your water exercise classes during the last year.**
Estimated number of **different participants** involved in your water exercise classes during the last year _____

2. Aquatic Fitness Personal Training

This includes Water Fitness or Aquatic Therapy, One-on-One sessions (Private Water Exercise Instructions), and Small Group Aquatic Exercise Personal Training classes

- a. Do you have an active aquatic fitness personal training program? _____
- b. We have an average of _____ Aquatic Personal Training Sessions per week. This may include use of your pool by a Therapist, Aquatic Therapist and Water Exercise Instructors who use space in your pool for one-on-one sessions or small group classes. (does **not include** swimming lessons or other non water exercise type programs)
- c. Please describe the program(s) _____
- d. Estimated Total Number of Different Persons Who Have Participated in Aquatic Fitness Personal Training During the Last Year = _____

3. Adapted Aquatics Program Special aquatics programs for individuals with temporary or permanent disabilities

Do you have this type of program? Yes No Is it a year round program? Yes, No

Total number of different customers involved in this program per year = _____

Brief description of program _____

4. Athletic Team Fitness/Conditioning Programs (not including competitive swimming, diving, water polo or synchronized swimmers)

Do you have a specific aquatic fitness program (not rehab) including sports specific programs for athletes? Yes No

If yes, explain: Sports involved in your program: _____

Level of athletes in your program: Youth High School College Professional Other _____

Total number of non-aquatic athletes involved in these programs per year= _____ athletes

Other information about this type of program _____

5. Water Walking Program (shallow water)

a. Do you have this type of program? Yes No (If yes, please complete the following information)

b. Informal Program (non organized) Number of hours available for people to water walk per week

Summer (June-August) _____ Winter (September-May) _____

c. Formal Program Number of water walking classes each week: _____

Do you offer water walking seminars? Yes No If yes, how often? _____

d. Estimated total number of **different people** who water walk in your pool during the last year = _____

e. Do you have more people water walking at your pool than swimming laps? Yes No

f. Other information about your water walking program _____

COMPETITIVE AQUATICS PROGRAM

- We **do not** have this type of program at our facility (Skip this page, proceed to page 6)
- We **do** have this type of program and have completed as much of the following information as possible
 Have you attached flyers, folders or other printed information regarding your program? Yes No

1. **Check the kinds of Competitive Programs that your facility conducts**

	Kind of Competitive Program	Designed for this Level Individual	Check One of These Columns		Number of Different Participants in this Program During the Full Past Year
			Year Round	Summer Only	
	Beginner Type Swim Team Fun/Recreation Program				
	Age Group Swim Team				
	National Level Swim Team				
	Special Olympics Swimming Team				
	Springboard Diving Team				
	Synchronized Swimming Team				
	Water Polo Team				

2. **Total number of formal competitions (meets, etc) held in you pool during the last full year?** _____

3. **Do you have a fun/recreation type competitive swimming program?** Yes No

If yes, please complete the following:

Total number of **different participants** in this program during the past year _____

Is this a year-round program? Yes No If no, how many months of the year? _____

How is the program organized? _____

How are the parents involved? _____

What do you feel makes this program a success? _____

What is the program fee for each of the participants to be involved in this program? _____

4. **Masters Swimming Program**

Total number of different participants involved in this program during the last full year _____

What is the major emphasis of this program? (Rank the following in the order of your program priorities with 1 being top priority)

_____ Social _____ Fitness _____ Fun _____ Serious Work Hard Sessions _____ Going to Meets
 _____ Working Out with Other Persons _____ Helping to motivate the individuals to work out on a regular basis and
 be concerned about their physical fitness level

Other information regarding your masters swimming program

5. **How do competitive aquatic programs help your facility?** _____

6. **What are the major challenges you have with your existing competitive Aquatics Programs?**

a. _____

b. _____

7. **What are the major concerns and obstacles you have regarding the possibility of beginning new competitive aquatics programs?**

a. _____

b. _____

SPECIAL EVENTS, SOCIAL EVENTS, AND OTHER PROGRAMS

(Not listed on previous pages)

- We **do not** have this type of program at our facility (Skip this page, proceed to page 7)
- We **do** have this type of program and have completed as much of the following information as possible
Have you attached flyers, folders or other printed information regarding your program? Yes No

1. **Tell about your Most Successful Special Event during the last year**

Name of the Event _____

Date(s) _____

Total Number of Different Participants _____ persons. Number of spectators (if any)? _____

Explain the Event _____

2. **Social Events** Do you hold social events at your facility and/or at other facilities? Yes No

If yes, please list types and/or titles

3. **Aquatic Department Fundraising** Does your **Aquatic Department** conduct fundraising projects? Yes No

× This does not include the overall facility except if your building is a stand-alone aquatic facility

If yes, what was your most successful fundraising program during the last year?

Name of the program _____ Total amount of money raised \$ _____

How will/were the funds spent? _____

Number of persons who helped to raise funds _____

What were the highlights of this program? _____

4. **Water Shows, Water Pageants, and/or Water Carnivals**

Did you conduct this type of program during the last full year? Yes No

If yes, please describe _____

What types of these types of programs are you considering for next year? _____

5. **Synchronized Swimming Program** Do you have this type of program? Yes No

If yes, please explain _____

Is it a year round program? Yes No If no, how many months per year? _____

Type of program

Instruction Classes Seminars Beginner Team Program Team Water Shows

Describe the goals of your synchronized swimming program _____

Total number of different participants during the last year in your synchronized swimming program _____

6. **Junior Aquatic Leaders, Junior Lifeguard, etc Programs** Do you have any of these types of programs? Yes No

If yes, name of program: _____

Is it a year-round program? Yes No If no, how many months per year? _____

How many different participants did you have involved in this program during the last one year period? _____

Purpose of the program _____

Special events conducted by (or for) the group _____

7. **Outreach programs within your community** (Programs conducted by your organization in a pool or pools owned by other individuals or organizations such as hotels, apartment houses, backyard pools, schools, etc)

Do you have this type of program? Yes No If yes, please answer the following:

What type of facilities do you use? _____

What type of programs do you conduct in these facilities? _____

How many different facilities do you use? _____ Type(s) of facilities _____

General information about your outreach program _____

Total amount of income generated by this (or these) program(s) \$ _____

VOLUNTEER, SERVICE AND SELF DEVELOPMENT PROGRAMS

- We **do not** have this type of program at our facility (Skip this page, proceed to page 8)
- We **do** have this type of program and have completed as much of the following information as possible
Have you attached flyers, folders or other printed information regarding this program? Yes No

1. **Do you have an Organized Volunteer Program?** Yes _____ No _____. If yes do you have the following?
Specific list of duties and responsibilities for volunteers? Yes No
Volunteer application form specifically designed for volunteers? Yes No
Is this a year-round program? Yes No. If no, number of months per year = _____

2. **Estimated total number of volunteers involved in your program during the past year**

Under 15 years old _____ + Over 15 years old _____ = Total _____

3. **Do you have yearly volunteer recognizing events?** Yes No

Name of event _____
Number of volunteers that attended the last one = _____. Date of event (mo) _____ (day) _____ (year) _____
Specific information regarding the event _____

Please provide any other information that explains your volunteer program _____

What makes your Volunteer Program as successful as it is?

- a. _____
- b. _____
- c. _____
- d. _____

What specific major changes have you made in the past year in your Volunteer Program?

- a. _____
- b. _____
- c. _____
- d. _____

Do you plan to “grow your volunteer program” during the next year? Yes No If yes, please explain below

- a. _____
- b. _____
- c. _____
- d. _____

4. **What are the major “Challenges” you have with your Volunteer Program?**

- a. _____
- b. _____
- c. _____
- d. _____

5. **Could you run your Aquatic Facility without Volunteers?** _____

Why? _____

OTHER INFORMATION

1. Total Number of Aquatic Staff Members (Employees—Not Volunteers)

We have _____ full time Aquatic Staff members

We have _____ part time Aquatic Staff members

Our youngest Aquatic Staff member is _____ years old. Our oldest is _____ years old

2. Swimming Pool Water Temperature (List Temperatures in Fahrenheit not Celsius)

	Summer	Winter	Name you use for this pool	Length & Width (in feet or yards) of this pool
Pool 1				
Pool 2 (if any)				
Pool 3 (if any)				
Pool 4 (if any)				

3. Explain the major ways in which you promote Aquatics in your community (your target market area).

a. _____ d. _____

b. _____ e. _____

c. _____ f. _____

4. How has your overall Aquatic Program changed and/or improved during the last year?

a. _____

b. _____

c. _____

5. What major changes, additions, etc., are you considering making during the next year?

a. _____

b. _____

c. _____

6. What is your Top Priority goal for the next year? _____

Contest Program Fee

Please indicate below which option you desire

Option 1 Our facility is a current USWFA facility Member. No Fee- Our facility membership expiration date is _____, _____, _____

Option 2 Join or Renew USWFA facility membership – Join OR Renew (A one year facility membership is \$125.00)

Option 3 Non USWFA's facility member Program Awards entry fee and evaluation of your program (\$350.00)

Enclosed is our check or money order in the amount of: \$ _____

Make payable to: The United States Water Fitness Association

OR

Please bill my Visa MasterCard American Express Discover in the amount of: \$ _____

Number on card _____ Expiration Date _____

Name as it appears on card _____ VIN # (3 digits on back of card) _____

Signature _____

The Final Entry Deadline is Monday, December 20, 2010 at 12:00 Noon

Please send entries to:

United States Water Fitness Association

National Aquatic Program Awards

PO Box 243279, Boynton Beach, FL 33424-3279

Overnight or 2nd Day Delivery:

United States Water Fitness Association

National Aquatic Program Awards

400 South Federal Hwy Suite 414, Boynton Beach, FL 33435

ENTRY FORM ACCEPTED BY MAIL ONLY!