

New Jersey Swimming

Officials Clinic Attendance Form

Date of Clinic: _____ Level of Clinic: _____ New/Recertification _____

Location of Clinic: _____ Instructor(s): _____

Name of Participant: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Club: _____ E-mail: _____

Head Coach's Approval (Print name and sign) _____

Current Certification Levels

New Jersey Swimming: _____ Expiration: _____

USA Swimming National: _____ Expiration: _____

YMCA: _____ Level: _____ Expiration: _____

NFHS (High Schools): _____ Expiration: _____

CSOA (Colleges): _____ Expiration: _____

New Jersey Swimming Use

Tests Taken (Indicate Passed/Failed):

Membership Dues Paid: _____

Stroke & Turn/Timer _____

Sessions Worked: _____

Starter _____ Timing Judge _____

New Level: _____

Referee _____ Admin Referee _____

YMCA Cert. Reviewed: _____

Admin Off. _____ Clerk of Course _____

Apprenticeship Required: _____

YMCA Level _____

Met Bronze Meet Requirement: _____

Entered: _____