YMCA of the USA

Experienced Swim Officials Level II Recertification Clinic

**Hosted by:**

**Date & Time:**

**Site:**

**Registration Fee:**

**Contacts' Names** To attend, please contact:

**And Phones:**

**Purpose:** To re-certify senior officials for the YMCA of the USA's Competitive Swimming Program as Level II Officials. The clinic will discuss significant rules changes and issues facing the Referee, Starter and Chief Judge. (This clinic will may also serve to re-certify USA-S officials; check with your LSC.)

**Prerequisites**:

* Minimum Age: 21 years old.
* Associated with a recognized YMCA Swim Team.
* Have attended at least two previous Level II clinics and passed the related Level II tests
* Have worked at least 12 sessions on deck as a Level II Certified Official over the previous three-year certification period

**Registration Form**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last 4 Digits of SSN:\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YMCA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YMCA Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YMCA City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YMCA Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YMCA Executive Director's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**