

New Jersey Swimming

Officials Clinic Attendance Form

Date of Clinic: Jun 25th, 2024 Level of Clinic: AO New/Recertification _____

Location of Clinic: Zoom _____ Instructor(s): Ellen Mace/John Lister _____

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: _____