

YMCA OF THE USA

Swim Official Certification course LEVEL 1 Training Clinic

- Hosted by:** Lakeland Hills YMCA Swim Team
- Open to:** Individuals interested in becoming YMCA Swim officials who are either not currently YMCA certified officials or who wish to renew at Level 1.
- Date & Time:** **Wednesday, December 3, 2008; 5:30 pm to 9:30 pm**
Please arrive promptly.
- Site:** Lakeland Hills Family YMCA
100 Fanny Road
Mountain Lakes, NJ 07046
- Contact:** Val Gibson, Instructor
Home: 973-402-0825
Email: Valerie139@msn.com
Do not call the YMCA

The room size limits enrollment. ***Individuals must register in advance.*** Please bring the attached registration form with you to the clinic. The form must be signed by your team's head coach or YMCA Executive Director.

Course Fee: \$30. To be paid at the course via check or cash only. Check is preferable and should be made payable to "Lakeland Hills Family YMCA". Fee includes current USA Swimming Mini-Rulebook (technical rules).

Purpose: To certify new officials and re-certify existing officials for the YMCA of the USA's Competitive Swim Program as level 1 officials. The clinic will prepare participants to act in the capacities of Stroke & Turn Judge, Finish Judge, Relay Take-off Judge, Timer and Scorer.

Successful completion of an open book test (preferably online) is required for certification.

Prerequisites: Minimum Age 21. Bring proof of age.
Associated with a YMCA sponsored Swim Team.
For recertification, have worked at least 12 sessions on deck as a certified official over the previous three year certification period. Proof of sessions required.

Please note this clinic is sanctioned for YMCA of the USA participants only.

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Swim Official Level 1 Certification course
Wednesday, December 3, 2008; 5:30 pm – 9:30 pm
Registration Form

Name: _____ Telephone: _____

Date of Birth: _____ Last 4 digits of SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

YMCA: _____

YMCA Address: _____

YMCA Phone Number: _____

YMCA Head Coach's or Executive Director's Signature:

PLEASE BRING THIS REGISTRATION FORM WITH YOU TO THE CLINIC.