



MIDWESTERN SWIMMING

APPLICATION FOR CERTIFICATION

Please Print Legibly

Name: _____ Date: _____

Street-City State-Zip: _____

Club: _____ Other Certified Positions: _____

Phone: (____) _____ E-mail: _____

Certification desired: Stoke & Turn _____ Starter _____ Referee _____

| | | | | | | | | |
|-------------|---------|----|---|---|---|----|-----|------|
| Shirt Size: | Ladies: | XS | S | M | L | XL | XXL | XXXL |
| (circle) | Men's: | | S | M | L | XL | XXL | XXXL |

USA Membership: Yes _____ No _____ If Yes, Year _____

You must be a member of USA Swimming to receive certification.

Clinic Attended: Date: _____ Location: _____

Instructor: _____

| | | |
|-----------------|----------------------|-------------|
| Apprenticeship: | Session Requirements | S&T (4) |
| | | Starter (5) |
| | | Referee (6) |

| | Meet Referee | Meet | Date |
|---|--------------|-------|-------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ |

When complete please send to the MWS Officials Chair:
 Scot Sorensen
 110 N 248 Cir
 Waterloo, NE 68069-4690

The required tests may be taken online at
<http://www.usaswimming.org/USASWeb/DesktopDefault.aspx?TabId=690&Alias=Rainbow&Lang=en>