



**Swim Officials Level I Clinic**  
**USA Swimming Stroke & Turn Clinic**  
**Tuesday, December 8, 2009. 5:30 pm – 9:00 pm**

- 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. This clinic is also approved for certifying new or recertifying USA Swimming Stroke and Turn Officials.
- Date & Time:** **Tuesday December 8<sup>th</sup>, 2009. 5:30 pm – 9:00 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: [vhgswimming@msn.com](mailto:vhgswimming@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 (YMCA officials only).

- 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). (\$10 for USA Swimming certification only)
- Purpose:**
1. 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.
  2. To certify new officials and re-certify existing officials for USA Swimming Stroke and Turn Officials.
- Successful completion of an open book test (preferably online) is required for certification.

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



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**Registration Form**

<b>Personal Information</b>	
Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
Last 4 digits of SSN	
Date of Birth	

**Which Certification:**

**YMCA**

**USA**

**BOTH**

<b>YMCA or Swim Team Affiliation</b>	
YMCA or Club Name	
Street Address	
City ST ZIP Code	
Phone	

<b>Signature</b>	
Signature is required for YMCA. Please have your YMCA Head Coach or Executive Director sign below.	
Name (printed)	
Signature	
Date	

**PLEASE BRING THE COMPLETED REGISTRATION FORM WITH YOU TO THE CLINIC**