

# USA SWIMMING

## Adirondack Swimming

APPLICATION FOR CERTIFICATION AS AN OFFICIAL

**PRINT CLEARLY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CURRENT LSC AND TEAM AFFILIATION \_\_\_\_\_ - \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF USA SWIMMING? Y \_\_\_ N \_\_\_

HAVE YOU BEEN A USA-S OFFICIAL BEFORE? Y \_\_\_ N \_\_\_

IF YES ... DATE OF MOST RECENT CERTIFICATION \_\_\_\_\_

... CERTIFYING LSC \_\_\_\_\_

... TEAM AFFILIATES (IF ANY) \_\_\_\_\_

... CHECK POSITIONS FOR WHICH YOU WERE CERTIFIED

REFEREE \_\_\_ STARTER \_\_\_ STROKE AND TURN JUDGE \_\_\_ ADMINISTRATIVE \_\_\_

### **ADIRONDACK SWIMMING LSC OFFICIALS CHAIR**

JoAnn Faucett (518) 496-6136 [faucettjm@aol.com](mailto:faucettjm@aol.com)

#### *OFFICE USE ONLY*

Date of Video Clinic \_\_\_\_\_

Date Online Test Taken \_\_\_\_\_

Dates of Shadowing \_\_\_\_\_

Date of Certification \_\_\_\_\_ Issued By \_\_\_\_\_