



# MIDWESTERN SWIMMING

## APPLICATION FOR CERTIFICATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street-City State-Zip: \_\_\_\_\_

Club: \_\_\_\_\_

Other Certified Positions: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Certification desired: Stoke & Turn \_\_\_\_\_

Starter \_\_\_\_\_

Referee \_\_\_\_\_

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 Circle  
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>