



ILLINOIS SWIMMING

# Illinois Swimming, Incorporated

## OFFICIALS CLINIC REGISTRATION FORM

**STARTER or REFEREE**

Club affiliation/Code: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Initial

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Telephone: home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_

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

- Clinic level:**
- Starter (Prerequisites: Current USA Non-Athlete Membership, Stroke & Turn Judge, worked 20 sessions after certification)
  - Referee (Prerequisites: Current USA Non-Athlete Membership, Starter for at least one year since completion of training sessions, 20 sessions worked since certification at that level; completion of Administrative Judge clinic with 80% or higher grade; letter of recommendation from current ISI Referee [certified for at least two years])

Clinic location/date: \_\_\_\_\_  
(Location and date to be found on the ISI Website ([www.ilswim.org](http://www.ilswim.org)))

I understand that if there is insufficient registration for the clinic one week prior to the clinic date that the clinic will be cancelled. Registration fee will be carried over and applied to the next available clinic I wish to attend. Fees for missed clinics are non-refundable, but will be applied to the next available clinic I wish to attend.

Signature: \_\_\_\_\_

**TO REGISTER:**

1. **MAIL THIS FORM, ALONG WITH CLINIC FEE OF \$30 (check payable to Illinois Swimming Inc.) TO:**  
 Illinois Swimming Inc.  
 Attn: Clinic Registration  
 3166 S. River Rd. Suite 30  
 Des Plaines, IL 60018  
 FAX: 847-824-1726  
 E-MAIL: [ilswimoffice@sbcglobal.net](mailto:ilswimoffice@sbcglobal.net)  
*Your registration **MUST** be received at least one week before the clinic*
2. **REFEREES ONLY:** Include a recommendation letter from a Referee (at least two years in position) with your form.