

# IOWA SWIMMING, INC. OFFICIAL'S APPLICATION

1. All officials must be current members of United States Swimming. Each year send membership application, with check payable to ISI, C/O Elaine Sorter, 2715 Pioneer Court, Davenport, IA 52804.
2. All applicants must take an open book test. Submit the test via the USA Swimming Website. Your results will be emailed to ISI. The initial certification fee is \$5.00, Recertification is required every two years by attending a clinic. A written exam is not required. Recertification fee is \$3.00 payable to ISI.
3. Please send the check, payable to ISI, to Elaine Sorter at the address above.
4. Provide this form to Phil Barnes, 7503 Hampshire Dr NE, Cedar Rapids, IA 52402. Contact Phil at [gjpbarnes@aol.com](mailto:gjpbarnes@aol.com) if you have any questions.
5. Referee certification requires passing all areas of the written exam.
6. Certified officials will be issued a badge & certification card. Certification cards are printed from the USA Swimming website. Badges are provided by ISI. Nametags can be ordered from the ISI Website. Certification cards and non-athlete membership cards must be available for inspection at any meet worked.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

EMAIL \_\_\_\_\_ CLUB AFFILIATION (If any) \_\_\_\_\_

**CHECK AREAS IN WHICH YOU DESIRE CERTIFICATION/RECERTIFICATION:**

\_\_\_\_\_ TIMER \_\_\_\_\_ STROKE & TURN \_\_\_\_\_ STARTER \_\_\_\_\_ REFEREE

\_\_\_\_\_ ADMINISTRATIVE ATTENDED AN ISI CLINIC ON \_\_\_\_\_

CLINIC LOCATION \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_

\_\_\_\_\_ CERTIFICATION \_\_\_\_\_ RECERTIFICATION

**OFFICE USE ONLY**

**TEST SCORES**

\_\_\_\_\_ TIMER \_\_\_\_\_ STROKE & TURN \_\_\_\_\_ STARTER \_\_\_\_\_ REFEREE

\_\_\_\_\_ ADMINISTRATIVE \_\_\_\_\_ CLERK OF COURSE \_\_\_\_\_ TIMING JUDGE

Fee Received: \_\_\_\_\_

Test Returned: \_\_\_\_\_

Certification Expires: \_\_\_\_\_

Membership Chairman Check: \_\_\_\_\_