

Wisconsin Swimming and YMCA present ...

Officials Training: USA Swimming Starter/ Referee and YMCA Level II

Date: Saturday, October 1st, 2011

Host: YMCA of Dane County Swim Team Address: 5515 Medical Circle, Madison, WI 53719

Directions: Exit Hwy 12/18 at Whitney Way; north on Whitney Way to Odana Rd. (first set of lights, about 100 yards); left on Odana Rd. to Medical Circle; left on Medical Circle; YMCA is on the right (about 2 blocks).

Time: Check-in: 12:45pm Clinic: 1:00pm– 5:00pm

Trainers: Paul Roehr Member, Wisconsin Swimming Officials Committee and certified YMCA Swim Officials Trainer; Rick Potter, Chair, Wisconsin Swimming Officials Committee.

Clinic: Training session is a combined USA Swimming Starter-Referee and/or YMCA Level II Clinic.

Prerequisites: Participants must be at least 21 years old and, if seeking...

USA Swimming Certification: Be a current USA Swimming Stroke and Turn Judge Official or YMCA Level II Official; have at least 1 year experience; and have officiated 10 or more sessions in the prior year.

YMCA Certification: Be affiliated with a recognized YMCA swim team; be a current YMCA Level I certified Official or a USA Swimming Stroke and Turn Judge Official for at least 1 year; and have officiated at least 8 sessions.

For YMCA Level II Re-certification, must have worked at least 12 sessions as a Level II Official in the previous 3 years (for dual certified USA Swimming/ YMCA Officials, up to 6 of these sessions may be from USA Swimming meets).

USA Swimming participants will have membership verified electronically, prior to Clinic.
YMCA participants must bring written membership documentation to the Clinic to participate.

Fee: Please pre-register to insure availability of sufficient Clinic materials.

USA Swimming Certification: \$25; Most Clubs reimburse participants for this fee and the USA Swimming Non-Athlete Membership fee, \$56 for 2012. Clinic Fee includes USA swimming CD, "Officiating Swimming" and a USAS Mini Rule Book.

YMCA Certification: \$35; Participants should check with their teams about reimbursement. Clinic Fee includes a 3-year YMCA officials registration and YMCA clinic materials.

Prior to the Clinic: Both USA Swimming and YMCA participants should review 2011 Rule Book, especially "Official Glossary" and Rules 101.1-105.5 (USA Swimming should also preview Rules 202.1-205.8).

At the Clinic: Trainers will present a comprehensive curriculum including a USA Swimming CD on Starting. Trainers will encourage discussion and will explain tests and the Starter-Referee Apprenticeship for USA Swimming certification. Please bring Rule Book and paper and pen for note taking.

After the Clinic:

USA Swimming: Take the USA Swimming on-line, open book tests and complete eleven apprentice sessions on deck. YMCA: Take the YMCA Swimming on-line, open book test.

Clinic Questions: Contact Paul Roehr at pdroehr53527@yahoo.com or at 608-839-4674
(Registration Forms attached)

Registration: Officials Training Clinic:
Wisconsin Swimming Starter/ Referee and/or YMCA Level II
October 1, 2011- Madison, WI

Registration for (circle one or both): **USA Swimming Starter/ Referee** **YMCA Level II**

Course Fees:

USA Swimming: Make check in the amount of \$25 and payable to Wisconsin Swimming, Inc.

YMCA: Make check in the amount of \$35 and payable to West YMCA.

Note: Clinic fees are separate for USA Swimming and for YMCA. If you are participating for certification for both USA Swimming and for YMCA, please complete both registrations and attach two separate checks. Please bring completed registration forms and checks to clinic.

Pre-Registration: Please e-mail registration(s) information **no later than Sunday, September 25th** to:
Both: Patty Kramer, Wisconsin Swimming Training Coordinator at pakramer@chorus.net and
Paul Roehr at pdroehr53527@yahoo.com

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Wisconsin Swimming, Starter/ Referee Clinic Registration, October 1, 2011- Madison

Name: _____ USA Swimming Club Code: _____
(Please Print)

Email: _____ Telephone: (____) _____

Address: _____
Street City ZIP

Please Clip Here

YMCA, LEVEL II Clinic Registration, October 1, 2011- Madison

Name: _____ YMCA Team Club Code: _____
(Please Print)

Date of Birth: _____ Last Four Digits of your Social Security Number: _____

Email: _____ Telephone: (____) _____

Personal Address: _____
Street City ZIP

YMCA Address: _____
Street City ZIP

YMCA Supervisor Signature (**Required**)

Signature of Executive Director / YMCA Supervisor Approving Course Participation