

CAYMAN ISLANDS AMATEUR SWIMMING ASSOCIATION

DECICTEDED OFFICIAL CLICENCE ADDITION FORM									
REGISTERED OFFICIALS LICENCE APPLICATION FORM									
PERSONAL DETAILS									
CIASA Official			Licence Number						
Full Name									
A dd roop									
Address									
Tel Number									
Email									
Club Membership	, 1								
Olds Mollisolollip									
QUALIFICATION	ON LEV	 'EL							
Pool Swimming				Ope	Open Water Swimming				
Referee		Starter		Refe	ree		Starter		
Judge Level 2		Judge Level 1		Judg	je Level 2		Judge Level 1		
Chief Timekeeper	-	Timekeeper		Time	ekeeper				
Apprentice			Shadower						
Apprentice			Snadowei						
TRAINING / EXPERIENCE EVIDENCE									
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Last Training Clinic Date				Last 3 meets (Time Keepers and Open Water Officials Only)					
I wish to renew my Licence to officiate and agree to conform to the laws, rules and constitutions of CIASA and FINA in the sport of swimming.									
I understand and agree that CIASA may use the information provided hereon for the purpose of my involvement as a swimming official on island, including but not limited to having my details appearing on an Officials List – Handbook or website and shared with event organisers. I confirm that the information above is accurate.									
Signature						Date			

Please return this form to CIASA, PO Box 10376, Grand Cayman, KY1-1004 OR email: ciasatech@gmail.com