

MSOA REGISTRATION FORM 2024-25

New
 Updated

Clinic attended (Chapter):

Date: _____

Please Print

Name: _____

Address: _____

Town: _____ State: _____ Zip code: _____

Phone Number: (C) _____ (W) _____

E-mail address(s): _____

Level: _____

Chapter: _____

Years of experience: 0-1 2-5 5-10 11-15 15+

If new to MSOA, are you a USA Swimming or YMCA Certified Official? Yes No

If Yes, what level? _____

Needed for insurance purposes (this will be kept in strictest confidence!)

Per MPA Contract:

Do you have a felony or misdemeanor conviction or charge pending, including, but not limited to, child abuse, child sex abuse, violence, threat of violence, or dishonesty?

Yes No

If "Yes," please explain the circumstances of the conviction(s) and/or pending charge(s) on the other side, including the date of conviction or pending charge, the crimes of which you were convicted or have charges pending, whether the crimes or pending charges were felonies or misdemeanors (or indicate whether they were Class A, B, C, D, or E crimes), and the details of any sentence imposed.

If "Yes," the MSOA Ethics Committee will review your application to determine whether it is appropriate for you to serve as a high school swim official.

Please Note: All Communication with MSOA Members is by email