



Masters Club Coach Accreditation Program

Coach Verification of Hours

Verification of hours observing an adult swim squad and
Verification of understanding of basic adult coaching principles

Applicant Name:		
MSA Club:		State:
Email:		

Verification to be done by any of the following people:

- Club Head Coach
- Mentor Coach
- Senior Club Official
- Aquatic Centre Official

I verify that _____ (applicant name)
has observed an adult swim squad for a minimum of _____ hours and
has demonstrated a basic understanding of coaching principles and practice in an adult
swimming environment.

Supervisor Name:	
Position:	
Supervisor Signature:	
Applicant Signature:	
Date:	