



INTERNATIONAL
SWIM COACHES
ASSOCIATION

PRIMARY COACH VERIFICATION FORM FOR DEVELOPMENTAL (“D”) STAR

I _____ (*Board President or Supervisor**) of _____
(*Swim School Name*) attest that _____ (*Coach Name*) is the primary
coach responsible for our developmental training group and has been at least the past 12 months.

Supervisor Signature _____

Supervisor Contact Number/Email _____

Coach Signature _____

Coach Contact Number/Email _____

***In the event the coach is also the overall swim school owner, please provide a link to your website or another business listing (with your name highlighted) for full validation.**

Verification forms must be returned to certification@swimisca.org, or mailed directly to:

ISCA Certification
2721 Brambleton Ave
Roanoke, VA 24015