



**INTERNATIONAL
SWIM COACHES
ASSOCIATION**

**PRIMARY COACH VERIFICATION FOR AGE GROUP ("AG"), SENIOR ("S"),
AND LAUREATE ("L") COACHES**

I _____ (Board President or Supervisor) of _____
(Team Name) attest that _____ (Coach Name) has been responsible
for over 85% of the training and teaching of the following athletes over the preceding 12 months of the
year _____ (Date of Season).

	Athlete Name	Age	Time & Event	Meet Where Time Was Achieved <i>(Please Attach Results From Past Year)</i>	FINA Points <i>(ISCA OFFICE USE ONLY)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Supervisor Signature _____

Supervisor Contact Number/Email _____

Coach Signature _____

Coach Contact Number/Email _____

Team Stamp / Seal
(If Applicable)

Verification forms must be returned to certification@swimisca.org or mailed directly to:
ISCA Certification
2721 Brambleton Ave
Roanoke, VA 24015