



Arizona Swimming, Inc. Officials Training Log

Name: _____ Club Affiliation: _____

Address: _____

City _____ Arizona Zip _____ Phone (____) _____ - _____

Applying For: _____

MEET EXPERIENCE (Minimum Sessions)

Timer: 2 sessions.
Stroke & Turn: 4 sessions (not dual meets, not all freestyle) & Deck Check.*
Chief Judge: 2 sessions in 2 meets & Deck Check.*
Starter: 5 sessions in 2 meets, min. 10 starts per session & Deck Check.*
Admin Official: 4 sessions in 2 meets, under 2 different Referees & Deck Check.*
Admin/Referee: 6 sessions in 3 meets, under 2 different Referees & Deck Check.*
Deck Referee: 6 sessions in 3 meets, under 2 different Referees & Deck Check.*

1) _____ Date(s) _____

Position(s) _____ Sessions worked 1 2 3 4 5 6 7

Referee* Observing _____
Meet Referee: Please sign, then print name.

2) _____ Date(s) _____

Position(s) _____ Sessions worked 1 2 3 4 5 6 7

Referee* Observing _____
Meet Referee: Please sign, then print name.

3) _____ Date(s) _____

Position(s) _____ Sessions worked 1 2 3 4 5 6 7

Referee* Observing _____
Meet Referee: Please sign, then print name.

4) _____ Date(s) _____

Position(s) _____ Sessions worked 1 2 3 4 5 6 7

Referee* Observing _____
Meet Referee: Please sign, then print name.

TRAINING CLINIC

Location of Clinic: _____ Date _____

Subject of Clinic: _____

Conducted by: _____
Clinic Instructor: Please sign, then print name

ON-LINE TESTING

The online tests available at www.usaswimming.org. Go to Volunteers /Officials / Officials OnlineTest. Circle Swimming Test(s) and Date(s) taken for this application:

Timer: ____/____/____ Admin: ____/____/____
Stroke & Turn: ____/____/____ Deck Referee: ____/____/____
Starter: ____/____/____ Open Water: ____/____/____

*** DECK CHECK**

A Deck Check by a Certified Instructor is necessary for ALL new certifications:

Deck Check conducted by: _____ Date: _____
Instructor: Please sign, then print name:

Action Requested: _____

Instructions:

Please complete the required information and keep this form with you at meets, to be signed by the Meet Referee. When the required sessions have been worked, register, take your Clinic, on-line Tests and Deck-Check, sign and submit this completed Form to the AZSI Office. All sessions, Tests, Clinic must be completed within 12 months.

Arizona Swimming, Inc.
1212 E Osborn Road, Suite 101
Phoenix, AZ 85014
Tel: 602-264-2443

www.azswimming.org

Thank you for volunteering.

Office Use Only: _____
Applying For: Ref. Admin.O/R Starter. Stroke & Turn Other _____
Date Rec'd: _____
Needed: Info Regist'n Athl Prot Bckgrnd Sessions Clinic Tests Deck C.