

## Arizona Swimming, Inc. Officials Training Log

| Name   | Club Affiliation                            |  |
|--|---|--|
| Address:   |   |  |
| City:  | , AZ ZipPhone:                              |  |
| Applying for:  |   |  |
| Timer: Stroke & Turn: Chief Judge: Starter: Admin Official: Admin/Referee: Deck Referee: | Under 2 different AR & Deck Check           |  |
| 1) Meet:   | Date(s)                                     |  |
| Position(s)  | Sessions worked 1 2 3 4 5 6 7               |  |
| Referee Observ   | Meet Referee: Please sign, then print name. |  |
|  | Date(s)                                     |  |
| Position(s)  | Sessions worked 1 2 3 4 5 6 7               |  |
| Referee Observ   | Meet Referee: Please sign, then print name. |  |
| 3) Meet:   | Date(s)                                     |  |
| Position(s)  | Sessions worked 1 2 3 4 5 6 7               |  |
| Referee Observ   | ing   |  |

| 4) Meet:  | Date(s)   |  |  |
|---|---|--|--|
| Position(s)S  | Sessions worked 1 2 3 4 5 6 7   |  |  |
| Referee Observing Meet Referee: Please sign, then print name.                       |   |  |  |
| TRAINING CLINIC   |   |  |  |
|   | Date:   |  |  |
| Subject of Clinic:  |   |  |  |
| Conducted by:   |   |  |  |
| Clinic Instructor: Pleas  | e sign, then print name   |  |  |
| ON-I  | LINE TESTING  |  |  |
| The online tests are available at www.usaswimming.org.                              |   |  |  |
| Go to Member Resources/Officials/Testing and Certification                          |   |  |  |
| Circle Tests Taken and list Dates:  |   |  |  |
| Timer   | Admin Official  |  |  |
| Stroke/Turn   | Admin Referee   |  |  |
| Starter   | Deck Referee  |  |  |
|   |   |  |  |
|   | ECK CHECK ructor is necessary for ALL New certifications:   |  |  |
| A Deck Check by a certified first   | uctor is necessary for ALL New certifications.  |  |  |
| Deck Check conducted by:  | Date:   |  |  |
| Action Recommended:   |   |  |  |
| meets, to be signed by the Meet Refere<br>register, take your Clinic, on-line Tests | ired information and keep this form with you at<br>the. When the required sessions have been worked,<br>as and Deck-Check, sign and submit this completed<br>to, Tests, and clinics must be completed within 12 |  |  |
| Arizona Swimming, Inc., 1212 E Osborn Rd., Suite 101, Phoenix, AZ 85014             |   |  |  |

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