

Arizona Swimming, Inc. Officials Training Log

Name		Club Affiliation	
Address:			
City:	, AZ Zip	Phone:	
Applying for:			
Email Address:			

MEET EXPERIENCE (Minimum Sessions)

Timer:	Satisfactory performance at 1 sanction meet & Timers Test							
Stroke & Turn:	4 sessions (not freestyle only) & Deck Check.							
Chief Judge:	4 sessions & Deck Check							
Starter:	5 sessions in 2 meets, min.10 starts per session,							
	under 2 different Referees & Deck Check							
Admin Official:	Admin Official: 4 session in 2 meets, under 2 different AO & Deck Check							
Admin/Referee:	dmin/Referee: 6 sessions (4 of the 6 Sessions in P/F meets) in 2 meets,							
	Under 2 different AR & Deck Check							
Deck Referee: 6 sessions in 3 meets, under 2 different Referees & Deck Check								
1) Meet:	Date(s)							
Position(s)	Sessions worked 1 2 3 4 5 6 7							
Referee Observi	ng Meet Referee: Please sign, then print name.							
	weet Kereree. I lease sign, then print name.							
2) Meet:	Date(s)							
Position(s)	Sessions worked 1 2 3 4 5 6 7							
()								
Referee Observi	ng							
Meet Referee: Please sign, then print name.								
3) Meet:	Date(s)							

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

Referee Observing

Meet Referee: Please sign, then print name.

4) Meet:	Date(s)						
Position(s)	Sessions worked 1	2	3	4	5	6	7
Referee Observing	et Referee: Please sign, then p						
Mee	et Referee: Please sign, then p	rint n	ame				
	RAINING CLINIC						
Location of Clinic:	Date:						
Subject of Clinic:							
Conducted by: Clinic Instructor:							
Clinic Instructor:	Please sign, then print name						
	ON-LINE TESTIN	G					
The online tests are available	at www.usaswimming.o	org.					
Go to Member Resources/Off	icials/Testing and Certi	ficat	tion	L			
Dates Taken:							
Admin: Admin Official	Stroke & Turn						
Clerk of Course	Starter						
Timing Judge	Referee						
Timer	Admin Refere	e					
	DECK CHECK						
A Deck Check by a Certified	DECK CHECK Instructor is necessary f	for A	٩LI	L Ne	ew c	erti	fication
Deck Check conducted by:		Dat	te:				
Action Recommended:							
Instructions: Please complete the meets, to be signed by the Meet R register, take your Clinic, on-line Form to the AZSI Office. All ses months.	eferee. When the required Tests and Deck-Check, sig	d ses gn a	sior nd s	ns ha subn	ive b nit th	been nis c	worked omplete
Arizona Swimming, Inc., 1212 E	Osborn Rd., Suite 101, Ph	oeni	x. A	Z 8	3501	4	

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