

Arizona Swimming, Inc. Officials Training Log

Name	Club Affiliation		
Address:			
City:	, AZ ZipPhone:		
Applying for:			
Email Address: _			
	MEET EXPERIENCE (Minimum Sessions)		
Timer: Stroke & Turn: Chief Judge: Starter: Admin Official: Admin/Referee: Deck Referee:	Satisfactory performance at 1 sanction meet & Timers Test 4 sessions (not freestyle only) & Deck Check. 4 sessions & Deck Check 5 sessions in 2 meets, min.10 starts per session, under 2 different Referees & Deck Check 4 session in 2 meets, under 2 different AO & Deck Check 6 sessions (4 of the 6 Sessions in P/F meets) in 2 meets, Under 2 different AR & Deck Check 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.		
2) Meet:	Date(s)		
	Sessions worked 1 2 3 4 5 6 7		
Referee Observi	ng Meet Referee: Please sign, then print name.		
3) Meet:	Date(s)		
	Sessions worked 1 2 3 4 5 6 7		
Referee Observi	ng Meet Referee: Please sign, then print name.		

4) Meet:	Date(s)
Position(s)	Sessions worked 1 2 3 4 5 6 7
Referee Observing	eet Referee: Please sign, then print name.
M	eet 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 are available	e at www.usaswimming.org.
Go to Member Resources/O	fficials/Testing and Certification
Dates Taken:	
Admin: Admin Official	Stroke & Turn
Clerk of Course	Starter
Timing Judge	Referee
Timer	Admin Referee
	DECK CHECK
A Deck Check by a Certified	d Instructor is necessary for ALL New certifications
Deck Check conducted by:	Date:
Action Recommended:	
meets, to be signed by the Meet register, take your Clinic, on-line	ne required information and keep this form with you at Referee. When the required sessions have been worked, the Tests and Deck-Check, sign and submit this completed designs, Tests, and clinics must be completed within 12
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