CHIEF JUDGE (CJ) APPRENTICE

NAME _____ **CLUB** _____

EMAIL _____ **DATE** _____

Prior to the First Apprentice Session:

Completed the LSC CJ Clinic: Enter Date-

Passed the online ST Certification Test: Enter Date -

For the Meets:

Wear the officials attire designated for sessions.

Please contact the Meet Referee a few days prior to the start of the meet.

Report to Meet Referee or her/his designee upon arrival at the facility by the designated time.

Attend the sessions' Officials Meetings

Final Session: MUST BE WITH AN N2 or N3 CJ

You will be assigned a mentor(s) for the session.

☐ Assignments	☐ Stroke Briefing	☐ Protocol Briefing	☐ Radio Distribution and Check
☐ DQ Slips	☐ Radio Protocols	☐ Relay Take Offs	☐
☐ *Notifying Athletes*	☐ *DR/SR Support*	☐ *Relief/Reserve Mgmt.*	☐ *Italics - discussion*

Mentor to check the box for the required activity or discussion after completion of session in which it occurred.

Session	Meet Name	Session #	Mentor	Meet Referee	Comments
1					
2					

Please return completed form to LSC Officials Chair. INCOMPLETE FORMS WILL NOT BE ACCEPTED

JAN 2019