



STARTER - APPRENTICESHIP FORM

APPRENTICE NAME: _____ TEAM: _____

EMAIL: _____ ONLINE CLINIC TEST DATE AND SCORE: _____

Rating System:

P= Proficient to perform
unsupervised

I= Improved during session but still
needs more training/experience

N= Needs More Training/Experience
X=Failed to satisfactorily perform the
necessary function

N/A=Not observed or not applicable
to this meet

	Knows the rules for starting	Knows basic starting protocols & procedures (distance counting, OOF, etc.)	Understands how the starting system operates	Delivers the timers briefing and understands the covered topics.	Prepared & in position prior to each heat; comfortable & relaxed with microphone	Delivers TYMs calmly and necessary volume (conversational)	PATIENT before TYM & starting signal (allows time for swimmers to take mark)	Observes swimmers to heads up	Knows false start & recall protocol	Knows use of other commands	Knows how to start swimmers with disabilities	
Session 1 Meet: _____ Date: _____												Mentor: _____ Meet Ref: _____
Session 2 Meet: _____ Date: _____												Mentor: _____ Meet Ref: _____
Session 3 Meet: _____ Date: _____												Mentor: _____ Meet Ref: _____
Session 4 Meet: _____ Date: _____												Mentor: _____ Meet Ref: _____

- After 4 sessions are completed, the apprentice shall email the completed Apprenticeship Form to current officials chair. Email can be found on the Officials tab of kylsc.org.
- PLEASE NOTE: No more than two (2) Apprentice Sessions can be completed at any one (1) meet.