



ADMINISTRATIVE OFFICIAL/REFEREE APPRENTICE FORM

APPRENTICE INFORMATION

Full Name:

Last First M.I.

Trainer Signature: _____

Clinic Date: _____

NON-EVALUATION SESSIONS

The first five apprentice sessions are to help you become more acclimated to the position, gain knowledge, and become intimately familiar with the different aspects of this position. You should always be asking many questions about the position, inquiring how to handle different situations as they arise, and getting a good perspective from each Mentor with whom you work. These are Non-Evaluation Sessions.

SESSION 1

DATE: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Timed Finals | <input type="checkbox"/> 12 & Under | <input type="checkbox"/> 2 Hours or Less |
| <input type="checkbox"/> Prelim or Finals (circle one) | <input type="checkbox"/> 13 & Over | <input type="checkbox"/> Greater than 2 Hours |
| <input type="checkbox"/> Time Trials | <input type="checkbox"/> Positive Check-In Events | <input type="checkbox"/> Relays |

Write comments on back

Mentor Signature: _____

Meet Ref Signature: _____

SESSION 2

DATE: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Timed Finals | <input type="checkbox"/> 12 & Under | <input type="checkbox"/> 2 Hours or Less |
| <input type="checkbox"/> Prelim or Finals (circle one) | <input type="checkbox"/> 13 & Over | <input type="checkbox"/> Greater than 2 Hours |
| <input type="checkbox"/> Time Trials | <input type="checkbox"/> Positive Check-In Events | <input type="checkbox"/> Relays |

Write comments on back

Mentor Signature: _____

Meet Ref Signature: _____

SESSION 3

DATE: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Timed Finals | <input type="checkbox"/> 12 & Under | <input type="checkbox"/> 2 Hours or Less |
| <input type="checkbox"/> Prelim or Finals (circle one) | <input type="checkbox"/> 13 & Over | <input type="checkbox"/> Greater than 2 Hours |
| <input type="checkbox"/> Time Trials | <input type="checkbox"/> Positive Check-In Events | <input type="checkbox"/> Relays |

Write comments on back

Mentor Signature: _____

Meet Ref Signature: _____

SESSION 4

DATE: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Timed Finals | <input type="checkbox"/> 12 & Under | <input type="checkbox"/> 2 Hours or Less |
| <input type="checkbox"/> Prelim or Finals (circle one) | <input type="checkbox"/> 13 & Over | <input type="checkbox"/> Greater than 2 Hours |
| <input type="checkbox"/> Time Trials | <input type="checkbox"/> Positive Check-In Events | <input type="checkbox"/> Relays |

Write comments on back

Mentor Signature: _____

Meet Ref Signature: _____

SESSION 5

DATE: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Timed Finals | <input type="checkbox"/> 12 & Under | <input type="checkbox"/> 2 Hours or Less |
| <input type="checkbox"/> Prelim or Finals (circle one) | <input type="checkbox"/> 13 & Over | <input type="checkbox"/> Greater than 2 Hours |
| <input type="checkbox"/> Time Trials | <input type="checkbox"/> Positive Check-In Events | <input type="checkbox"/> Relays |

Write comments on back

Mentor Signature: _____

Meet Ref Signature: _____

SKILLS CHECK LIST

The following are some key elements of this position you need to become proficient in knowing and/or doing:

CLERK OF COURSE

Compare Meet Information w/ Meet Set-up	<input type="checkbox"/>
Entry Issues - Exceptions Report	<input type="checkbox"/>
Deck Seed Procedures	<input type="checkbox"/>
Relay Name Procedures	<input type="checkbox"/>
Manually Seeds an Event	<input type="checkbox"/>
Deck Entries/Scratch Procedures	<input type="checkbox"/>
Time Trial Procedures	<input type="checkbox"/>
No Show Penalty Procedures	<input type="checkbox"/>

PRELIMS/FINALS

Closing Times with Announcer	<input type="checkbox"/>
Prelim Results Wording	<input type="checkbox"/>
Communicate and watch potential Swim- Offs	<input type="checkbox"/>
Scratch Procedures	<input type="checkbox"/>
Seed Finals	<input type="checkbox"/>
Set-up Swim Off	<input type="checkbox"/>

DETERMINING OFFICIAL TIMES

Knowledge of 3 Timing Systems	<input type="checkbox"/>
Confirming Official Time by using OOF	<input type="checkbox"/>
Process/Information for Time Adjustments	<input type="checkbox"/>
Determine Lane Malfunction Manually	<input type="checkbox"/>
Determine Lane Malfunction – Using All Resources	<input type="checkbox"/>
Calculate Heat Malfunction Manually	<input type="checkbox"/>
Calculate Heat Malfunction – Using All Resources	<input type="checkbox"/>

TIME TRIALS

Setup New Events/Sessions	<input type="checkbox"/>
Seed Time Trials	<input type="checkbox"/>
Confirming Entry Limits	<input type="checkbox"/>
Distribution of Heat Sheets/ Add Event Comments	<input type="checkbox"/>
Communication with Deck Referee and Coaches	<input type="checkbox"/>

PULLING RACES (HY-TEK)

Pulling Race Procedures	<input type="checkbox"/>
Manually Entering Times from Print Out	<input type="checkbox"/>
Manually Entering Watch Times	<input type="checkbox"/>
Choosing the Correct Time	<input type="checkbox"/>
Enter DQ from Slip	<input type="checkbox"/>

DATA MANAGEMENT (HY-TEK)

Print Session Reports	<input type="checkbox"/>
Print Heat Sheets, Lane Timer Sheets, and Relay Cards	<input type="checkbox"/>
Positive Check-In Events	<input type="checkbox"/>
Relay Name Changes, Add/Scratch	<input type="checkbox"/>
Athlete Lane Change	<input type="checkbox"/>
Athlete Add /Scratch	<input type="checkbox"/>

RESULTS AND SCORING (HY-TEK)

Print List/Results and Labels	<input type="checkbox"/>
Scoring	<input type="checkbox"/>
Print Final Scored Meet	<input type="checkbox"/>
Legal Split Time Procedures	<input type="checkbox"/>

TIMING SYSTEM EQUIPMENT

Set-up Timing System Equipment	<input type="checkbox"/>
Timing Console Operations	<input type="checkbox"/>
Recognize Equipment Malfunctions	<input type="checkbox"/>
Test and Fix Timing Equipment	<input type="checkbox"/>
Communicate Malfunctions w/DR	<input type="checkbox"/>
Decipher A Console Print Out	<input type="checkbox"/>
Timing Console Printer	<input type="checkbox"/>
Timing Console Operator – Finishes	<input type="checkbox"/>
Timing Console Operator – Observations	<input type="checkbox"/>

COMMUNICATION

Communicates with MR, DR, MD, Timers and C of C	<input type="checkbox"/>
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EVALUATION SESSIONS

Once the skills check list is mastered one Evaluation Session is Required with a certified AO/AR Trainer or Meet Referee.

DATE: _____

- | | | |
|--|---|---|
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Mentor Signature: _____

Meet Ref Signature: _____

IS THE APPRENTICE READY TO BE AN ADMINISTRATIVE OFFICIAL/REFEREE?

- ☐ YES ☐ NO (Additional Session(s) Required)

COMMENTS:

Meet Ref Signature: _____

OFF-DECK REQUIREMENTS FOR ADMINISTRATIVE OFFICIALS ONLY

MUST BE COMPLETED WITHIN 60 DAYS OF YOUR CLINIC DATE	DATE COMPLETED
Account Created at www.usaswimming.org	____/____/____
Non-Athlete Membership Registration Complete	____/____/____
Level 2 Background Check Complete	____/____/____
Athlete Protection Training Complete	____/____/____
Concussion Training	____/____/____
Passed Administrative Official Test	____/____/____

Once completed, please send scanned forms to the Officials Chair at officials@sc-swimming.org