



**Oregon Swimming, Inc.  
Referee Trainee Record**

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Introductory Clinic:** Date: \_\_\_\_\_ Trainer: \_\_\_\_\_

**Deck Referee:** (Minimum of 8 sessions with at least 4 different Referees)

**DQ slips** (Minimum 6 hours at ABC or BC meets with 12&U events)

**Whistle Starts** (Minimum 2 hours under direct supervision)

Meet date: \_\_\_\_\_ DQ Hours: \_\_\_\_\_ Start Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

Meet date: \_\_\_\_\_ DQ Hours: \_\_\_\_\_ Start Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

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Meet date: \_\_\_\_\_ DQ Hours: \_\_\_\_\_ Start Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

Meet date: \_\_\_\_\_ DQ Hours: \_\_\_\_\_ Start Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

**Guided practice** Whistle starts and DQ slips

**Direct Supervision** (4 hours minimum total, 2 hours minimum at a meet with BC swimmers)

Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

**Limited Supervision** (4 hours minimum)

Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

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Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

**Electronic Timing** (Minimum 8 hours total, minimum 2 meets, 4 hours minimum at a meet with BC swimmers)

Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

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Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

**Meet Management Computer Operator** (Minimum 4 hours)

Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Meet Level: \_\_\_\_\_ Referee: \_\_\_\_\_

**Other Requirements:** Date and Referee Initials

Officials briefing: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Deck rotation: \_\_\_\_\_ Coaches meeting: \_\_\_\_\_

Meet Information/sanction requirements review: \_\_\_\_\_

**Evaluation Meet/s** (Minimum 16 hours, at least 2 different evaluators, with one evaluation not at home pool.

Trainee runs all aspects of at least 2 sessions, attend the entire meet) Meet must be at least 4 sessions.

Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Ready to test: \_\_\_\_\_ Trainer: \_\_\_\_\_

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Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Ready to test: \_\_\_\_\_ Trainer: \_\_\_\_\_

Meet date: \_\_\_\_\_ Hours: \_\_\_\_\_ Ready to test: \_\_\_\_\_ Trainer: \_\_\_\_\_