

FLORIDA SWIMMING
STROKE & TURN JUDGE APPLICATION INSTRUCTIONS

SECTION 1-RECORD OF APPRENTICE SESSIONS/HOURS WORKED

1. Bring this from with you to all meets where you intend to apprentice. Introduce yourself to the Meet Referee and sign in as "ST APP". You will be assigned to work with an experienced Stroke & Turn Judge who will serve as your mentor during the session.
2. The Meet Referee or designee shall record the sessions and hours worked. Those hours generally correspond to the session's duration. To be certified as a Stroke & Turn Judge you must apprentice at least 20 hours on deck at no fewer than 2 USA Swimming sanctioned meets. You must also have been mentored by at least 3 different USA Swimming certified Stroke & Turn Officials.
3. Mentors/Referees please remember to print your names.

SECTION 2-APPRENTICE ACTIVITIES

1. Apprentices should experience all facets of the Stroke & Turn position. Meet Referees should insure that apprentices accompany mentors who are assigned to the various positions on deck.
2. Mentors should check off each activity experienced by the apprentice during the session. Only the first such time need be recorded.

SECTION 3-MENTOR COMMENTS

1. While not mandatory, mentors should provide feedback, both verbal and written, to their apprentices. Use this section to comment on the apprentice's progress and note any additional work needed. You can use the following check list in drafting your comments:
 - ✓ The apprentice exhibited an understanding of the role of Stroke & Turn Judge
 - ✓ The apprentice understood the rules
 - ✓ The apprentice exhibited the appropriate demeanor
 - ✓ The apprentice was attentive
 - ✓ The apprentice observed and/or reported infractions to me

SECTION 4-DESIGNATED REFEREE REVIEW

1. The Study Guide & Graduation Review Outline for the Stroke and Turn Apprentice can be found in Appendix "E" (pages 19 & 20) of the Stroke & Turn Clinic Packet Appendices.

GENERAL INSTRUCTIONS

Upon completion of the certification requirements email a copy of this form to your area representative.

AREA	REPRESENTATIVE	EMAIL
1	Jeff Breault	shotputdaddy@gmail.com
2	Ellen Johnson	Epjohnson1012@aol.com
3	John Jansen	jc4_jan813@verizon.net
4	Doug Garthwait	dgarthwait@comcast.net
5	Deborah Landis	debbiecpcu@gmail.com
6	Joe Glennon	joeglennon@comcast.net

**FLORIDA SWIMMING
STROKE & TURN JUDGE APPLICATION**

NAME: _____ AREA: _____ TEAM: _____

EMAIL: _____ PHONE: _____

DATE ONLINE EXAM: CERTIFICATION-STROKE & TURN/TIMER COMPLETED: _____

DATE OF CLINIC: _____ INSTRUCTOR: _____

SECTION 1-RECORD OF APPRENTICE SESSIONS/HOURS WORKED

Date	Meet Name	Referee (please print)		Mentor (please print)		Hours
		Name	Initial	Name	Initial	

SECTION 2-APPRENTICE ACTIVITIES

- Attended stroke and turn briefing
- Worked with mentor at all positions on deck:
 - Start
 - Turn
 - Side/Stroke
 - 15 meter
 - Relay take off
 - Wrap around observing toes during backstroke start
- Observed all strokes
 - Butterfly Breastroke Backstroke Freestyle IM IM Relay Freestyle Relay
- Observed mentor making calls
- Prepared Disqualification Report
- Reported infractions to mentor and explained using appropriate language
- Observed mentor notifying swimmer of infraction
- Observed mentor using radio; Discussed radio protocol with mentor

SECTION 3-MENTOR COMMENTS

Mentor Initials	
Date	

Mentor Initials	
Date	

Mentor Initials	
Date	

Mentor Initials	
Date	

Mentor Initials	
Date	

SECTION 4-DESIGNATED REFEREE REVIEW

- | | <u>Yes</u> | <u>No</u> | <u>Initials</u> |
|---|--------------------------|--------------------------|-----------------|
| 1. Graduation Review Outline was completed with me: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. This person feels they need more deck time before being certified: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. I feel this person needs more deck time before being certified: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. It is my opinion that this person is ready to be certified as a S/T Judge: | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Signed: _____ Date: _____