



CHIEF JUDGE - ON DECK APPRENTICESHIP RECORD

APPRENTICE NAME: _____ TEAM: _____

EMAIL: _____ CLINIC DATE: _____ CLINIC INSTRUCTOR: _____

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

	Demonstrated proper stroke briefing having a clear understanding of the rules	Completes DQ slip accurately	Able to set a deck	Understands proper deck protocol	Able to work well with Stroke & Turn officials	Demonstrates radio protocol	Mentored Stroke & Turn	12&Under Meet	13&Over Meet	Timed Final	Prelim/Final	Demonstrates professional deck presence	Mentor's Comments
Session 1 -Print name Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____													
Session 2 -Print name Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____													
Session 3 -Print name Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____													
Session 4 -Print name Meet: _____ Date: _____ Mentor: _____ Meet Ref: _____													

- After all 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.