

USA Volleyball Southern Region

(PLEASE PRINT!!!)

Junior REFEREE (R2) Certification

Referee Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Club Name: _____ Team Name: _____

Date of Match: _____

Tournament Name: _____

Location: _____

Playing Teams: _____

vs _____

REFEREE OBSERVATION AND VERIFICATION (Circle + or -)

- + - Pre-Match Duties, Timed Warm-ups, Obtained Line-ups, Assisted R1.
- + - Verified Player Positions on Court with Line-up Sheet.
- + - Demonstrated During the Match: Strong, Loud, Quick Whistle.
- + - Paid Attention During the Entire Match, Did Not Digress From Duties.
- + - Focused on the Net, Did Not Follow the Ball.
- + - Whistled and Signaled: Net and/or Center-Line Violations.
- + - Time Outs: Recognized, Whistled, Signaled, Timed.
- + - Substitutions: Recognized, Whistled, Signaled, Communicated to ScoreKeeper.
- + - Mirrored the R1 Hand Signals.

PASS FAIL

Rating Official's

Name: (PRINT) _____

Rater's USAV Region: _____

Rater's USAV Referee Rating: (Check One)

Provisional Regional Jr. Nat'l National

Rating Official's Signature: _____

Date of Match: _____

Tournament Name: _____

Location: _____

Playing Teams: _____

vs _____

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Rater's USAV Region: _____

Rater's USAV Referee Rating: (Check One)

Provisional Regional Jr. Nat'l National

Rating Official's Signature: _____

WHEN ALL 3 MATCHES ARE COMPLETED: MAIL TO - STEVE KENYON 2661 SHAW RD. NE MARIETTA, GA 30066-5621