

# USA Volleyball Southern Region

(PLEASE PRINT!!!)

# Junior SCOREKEEPER Certification

Scorer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

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

Date of Match: \_\_\_\_\_

Tournament Name: \_\_\_\_\_

Location: \_\_\_\_\_

Playing Teams: \_\_\_\_\_

vs

### SCOREKEEPER OBSERVATION AND VERIFICATION (Circle + or -)

- + - Actively obtained heading, officials and coin toss information from the R2.
- + - Checked player numbers on rosters; checked line-ups sheets against rosters.
- + - Worked well with the R2 (verbal) and the R1 (signals).
- + - Paid attention during the entire match, did not digress from duties.
- + - Kept track of substitutes and time-outs.
- + - Determined assistant scorekeeper maintained correct score and tracked Libero.
- + - Completed scoresheet LEGIBLY and CORRECTLY.
- + - Maintained clean scoretable; allowed only playing team captains use of table.
- + - Signed scoresheet only after verifying that all information was correct

PASS  FAIL

#### Rating Official's

Name: (PRINT) \_\_\_\_\_

Rater's USAV Region: \_\_\_\_\_

Rater's USAV Scorekeeper Rating (if applicable)

Provisional  Regional  Jr. Nat'l  National

Rating Official's Signature: \_\_\_\_\_

Date of Match: \_\_\_\_\_

Tournament Name: \_\_\_\_\_

Location: \_\_\_\_\_

Playing Teams: \_\_\_\_\_

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**WHEN ALL 3 MATCHES ARE COMPLETED: MAIL TO 2661 SHAW ROAD, MARIETTA, GA 30066 OR FAX TO 770-579-2347**