

# CAROLINA REGION JUNIOR REGIONAL REFEREE



## CERTIFICATION FORM

**NOTE: Rater must hold a Regional 2 or higher certification to Qualify  
Junior Official must turn in TWO Rating forms by two different Raters to become certified**

Player Name (print) \_\_\_\_\_

Team Name & Age \_\_\_\_\_ Club \_\_\_\_\_

### REFEREE OBSERVATION AND VERIFICATION

As a registered USA Volleyball official with a Regional 2 or higher certification, I verify with my signature below that the above named junior player refereed on the match listed. I certify that the player exhibited all the qualities outlined below during the match and was knowledgeable in refereeing as a R1/R2 and should be qualified to become a Jr. Regional Referee in the Carolina Region.

| <b>R1</b>                         | <b>Pass/Fail</b> | <b>R2</b>                                 | <b>Pass/Fail</b> |
|-----------------------------------|------------------|---|------------------|
| Whistle is quick and loud         | _____            | Verifies player positions w/line-up sheet | _____            |
| Hands signal sequence/ accuracy   | _____            | Whistle is quick and loud                 | _____            |
| Understands the rules             | _____            | Transitions to blocking side              | _____            |
| Makes ball handling calls         | _____            | Focuses on net and center line            | _____            |
| Uses line judge's                 | _____            | Controls substitutions and Time Outs      | _____            |
| Understands front/back row        | _____            | Checks with scorer/communicates           | _____            |
| Match control/tempo               | _____            | Mirrors R1 hand signals                   | _____            |
| Waits for R2 and scorer           | _____            | Whistled/ signals Center-line violations  | _____            |
| Signs score sheet at end of match | _____            | Whistled/ signals Net violations          | _____            |
|                                   |                  | Bench awareness/control                   | _____            |

#### **R 1:**

Tournament: \_\_\_\_\_ Date: \_\_\_\_\_

Officials Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Officials Rating: \_\_\_\_\_ Region: \_\_\_\_\_

#### **R 2:**

Tournament: \_\_\_\_\_ Date: \_\_\_\_\_

Officials Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Officials Rating: \_\_\_\_\_ Region: \_\_\_\_\_

Return completed forms to: Stephen Shepherd- Referee chair, 1832 Falcon Rd, East Bend, NC 27018