USARS ROLLER DERBY REFEREE ASSESSMENT FORM

Applicant
Name: _______________________________________________________________________________
Email: _______________________________________________________________________________ Phone: _________________
USARS number: _____________________________ Date: ________________________________

Person completing assessment
Name: _______________________________________________________________________________
Email: _______________________________________________________________________________ Phone: _________________
USARS Position: _____________________________ Position During Game: _____________________________

Game Info
Date: _____________________________ Teams: _________________________________________________
Location: _____________________________ Crew position: _____________________________

Referee Certification Points- Please Circle appropriate points earned
0 Points- Referee did not meet requirements
1 Point- Referee at USARS sanctioned game
2 Points- Referee at USARS sanctioned Tournament
5 points- Attend a USARS Sanctioned Referee Clinic

Assessment Scoring- Please circle the most accurate score.

Officials rules understanding & knowledge

Impact/initiator assessment during game

Penalty enforcement ability

Game awareness
Communication

Stepping and Hopping around and over objects either with both feet or one foot at a time

Able to complete 10 laps in 2 minutes or less around standard derby track

Transitioning in from both inside and outside the derby track without taking line of sight off the track

Stopping in both directions, inside and outside the track without taking line of sight off the track

The ability to avoid/dodge fallen players safely without causing further issues

Overall assessment

If you have any additional notes to add please add them here

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Signature of Person completing assessment
_______________________________________________________________  Date:____________________