

American Kneeboard Association
Aspiring Officials Development Program

Clinic Evaluation

Clinic Attendee: _____ Date: _____

Location: _____

Current official rating _____ Renewing _____ Aspiring _____

AKA Statistician Green Sheet Verified _____ Yes _____ No

Needed to complete _____ AKA/USA-WS # _____

Completed Training Manual (General Section)

Completed Slalom Judges Practical

Completed Trick Judges Practical

Completed Scorers Practical

Completed Drivers Practical

Clinician:

By signing below I certify that the clinic attendee named above has satisfactorily completed an AKA Officials and Drivers Training Clinic. He/she is now eligible to obtain an AKA assistant rating, pending completion of the pertinent green sheet and verification from the AKA Statistician, or has met the quantitative requirement for maintaining an existing rating.

Scorer (s): _____
Clinician signature

Judge (s): _____
Clinician signature

Driver (s): _____
Clinician signature

Please submit this form to the AKA Statistician.
Beverly Ladda – bjladda@aol.com
105 A Weybridge Circle
Royal Palm Beach, Fl 33411 (561-798-1614)

Notes: