

AYSO Referee Pre-Game Instructions

Date: _____
 Referee: _____
 Assistant Referee: _____
 Assistant Referee: _____

Time: _____
 Division: _____
 Location: _____

	Yes	No	<u>Notes & Comments</u>
Game / Match:			
Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	_____
Time Periods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Field:			
Diagonal to be run	<input type="checkbox"/>	<input type="checkbox"/>	_____
Position & responsibilities on:			
Follow ball to goal line	<input type="checkbox"/>	<input type="checkbox"/>	_____
Corner Kick	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goal Kick	<input type="checkbox"/>	<input type="checkbox"/>	_____
Penalty Kick	<input type="checkbox"/>	<input type="checkbox"/>	_____
Free Kick	<input type="checkbox"/>	<input type="checkbox"/>	_____
Throw-In	<input type="checkbox"/>	<input type="checkbox"/>	_____
Upper Body	<input type="checkbox"/>	<input type="checkbox"/>	_____
Feet	<input type="checkbox"/>	<input type="checkbox"/>	_____
Look for help	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goalkeeper putting ball back into play	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foul Recognition:			
Assistant Referee to call	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Direct Free Kick / Indirect Free Kick	<input type="checkbox"/>	<input type="checkbox"/>	_____
Penalty-kick	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wave Off Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Substitutions:			
At Halfway Line	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mirror Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signal for Time In / Out	<input type="checkbox"/>	<input type="checkbox"/>	_____
Time Back-up	<input type="checkbox"/>	<input type="checkbox"/>	_____
Offside:			
Position with defenders	<input type="checkbox"/>	<input type="checkbox"/>	_____
When to hold	<input type="checkbox"/>	<input type="checkbox"/>	_____
When to pull down	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goal Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Problem Signal (Need to talk)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wall:			
Assistant Referee Position	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assistant Referee Duties	<input type="checkbox"/>	<input type="checkbox"/>	_____
When to take these positions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selection of Senior/Junior Assistant Referee	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintaining game record	<input type="checkbox"/>	<input type="checkbox"/>	_____