

# AYSO Referee Pre-Game Instructions

Date: \_\_\_\_\_  
 Referee: \_\_\_\_\_  
 Assistant Referee: \_\_\_\_\_  
 Assistant Referee: \_\_\_\_\_

Time: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Location: \_\_\_\_\_

	Yes	No	<u>Notes &amp; Comments</u>
<b>Game / Match:</b>			
Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	_____
Time Periods	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Field:</b>			
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"/>	_____
<b>Foul Recognition:</b>			
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"/>	_____
<b>Substitutions:</b>			
At Halfway Line	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mirror Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Signal for Time In / Out</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Time Back-up</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Offside:</b>			
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"/>	_____
<b>Goal Signal</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Problem Signal (Need to talk)</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Wall:</b>			
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"/>	_____
<b>Selection of Senior/Junior Assistant Referee</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Maintaining game record</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____