

2010 Greater Richmond Aquatic League Certification Training Record

Name: _____

Club: _____

Date Attended

Clinic:

Strokes and Turns

Date of Meet

| | |
|------------------------|-------|
| Walked IM | _____ |
| Walked Freestyle | _____ |
| Walked Backstroke | _____ |
| Walked Breaststroke | _____ |
| Walked Butterfly | _____ |
| Walked Freestyle Relay | _____ |
| Walked Medley Relay | _____ |
| | |
| Called IM | _____ |
| Called Freestyle | _____ |
| Called Backstroke | _____ |
| Called Breaststroke | _____ |
| Called Butterfly | _____ |
| Called Freestyle Relay | _____ |
| Called Medley Relay | _____ |

Starter

| | |
|--------|-------|
| Walked | _____ |
|--------|-------|

Referee*

| | |
|---------------------------------|-------|
| Walked Starter | _____ |
| Walked Clerk | _____ |
| Walked Referee | _____ |
| Completed Referee Certification | _____ |

*Date certified as Strokes and Turns Judge _____

I hereby submit this training record for certification of the above named individual for the indicated position(s). All of the dates are verifiable through meet cover sheets signed by the referee of record.

GRAL Club Parent Representative: _____ (Signature) _____ (Date)

Please submit to GRAL 1st Vice President.

For GRAL use only

Date certification verified _____ Verified by _____ Re-certification year _____