

OREGON SWIMMING, INC.
Training Record for Starter Trainee

Name _____ Address _____ Club _____

Phone _____ Email Address _____

STAGE ONE: INTRODUCTORY CLINIC

Clinic Date _____ Trainer Signature _____

STAGE TWO: HARDWARE SET-UP AND STARTING ONLY

Equipment set-up and testing. Voice Control/False starts

Session One: Date: _____ Meet: _____ Trainer _____ (yes/no)

Session Two: Date: _____ Meet: _____ Trainer _____ (yes/no)

STAGE THREE: FULL FUNCTION GUIDED PRACTICE

Full function, authority at discretion of trainer or referee

Session Three: Date: _____ Meet: _____ Trainer _____ (yes/no)

Session Four: Date: _____ Meet: _____ Trainer _____ (yes/no)

Session Five: Date: _____ Meet: _____ Trainer _____ (yes/no)

Session Six: Date: _____ Meet: _____ Trainer _____ (yes/no)

Session Seven: Date: _____ Meet: _____ Trainer _____ (yes/no)

Session Eight: Date: _____ Meet: _____ Trainer _____ (yes/no)

STAGE FOUR: TWO FINAL EVALUATIONS (Two different Trainers, two different sessions, can be same meet.)

Session Nine: Date: _____ Meet: _____ Pass Yes/No Trainer _____

Session Ten Date: _____ Meet: _____ Pass Yes/No Trainer _____

SESSION SUMMARY: Trainers initial and date below for any requirement met during a session (Only one requirement per session)

	Init. Date	Init. Date	Init. Date		Init. Date	Init. Date	Init. Date
12 & Under Session	___/___	___/___	___/___	ABC	___/___	___/___	___/___
13 & Over Session	___/___	___/___	___/___	BC	___/___	___/___	___/___

Ready to test: Area Official's Chair Signature _____ Date _____