



Oregon Swimming, Inc. Training Record
For Stroke and Turn Trainee

Name _____ Phone _____

Email Address _____ Club _____

Stage One: Introductory Clinic

Clinic Date _____ Presenter _____

Stage Two: On Deck Orientation

Deck Tour: Date _____ Referee _____ OSI Trainer?
Session One: Date _____ Meet _____ Trainer _____ yes [] no []
Session Two: Date _____ Meet _____ Trainer _____ yes [] no []
Ready For Stage Three: Trainer Name _____ yes [] no []

Stage Three: Guided Practice

OSI Trainer?

Session Three: Date _____ Meet _____ Trainer _____ yes [] no []
Session Four: Date _____ Meet _____ Trainer _____ yes [] no []
Session Five: Date _____ Meet _____ Trainer _____ yes [] no []
Extra Session: Date _____ Meet _____ Trainer _____ yes [] no []
Extra Session: Date _____ Meet _____ Trainer _____ yes [] no []

Session Summary: Trainers initial any requirements met during a session. Note these are independent requirements and may be achieved in any order; initial as many as are achieved at any meet in stages 2 and 3.

Relay Exchanges _____ A swimmers _____ B swimmers _____
Relay Exchanges _____ A swimmers _____ B swimmers _____
Relay Exchanges _____ C swimmers _____ C swimmers _____
10 & U _____ 10 & U _____ 13 & O _____ 13 & O _____

Stage Four: Evaluation (must be at A-B-C, B-C, or C meets with different certified OSI Trainers)

Trainee must observe and report disqualification(s) during each evaluation session. Ready to test?

Session Six: Date _____ Meet _____ Trainer _____ yes [] no []
Session Seven: Date _____ Meet _____ Trainer _____ yes [] no []
Extra Session: Date _____ Meet _____ Trainer _____ yes [] no []

Ready to Test: Area Officials Chair Signature _____ Date _____