## **SNAKE RIVER SWIMMING**

## Stroke and Turn Officials Training Record

Name		Club						
Address								
City	State	Zip	Phone					
	ning requirements to becompleted in the order liste		as a Stroke and Turn Official. The					
1. Stroke and Turn	Certification Course and	d Assessment	on USASwimming.org					
Date	Score							
2. On-deck training								
<ul> <li>b. The four ses</li> <li>c. Writing DQ</li> <li>d. Track the ses</li> <li>e. Must be conf</li> <li>f. Must be und certified a mfor the training</li> </ul>	slips must be practiced. sions and strokes observed pleted within one year of er the supervision of a qual inimum of one year). The	ed during on f taking the fo alified (a stro e trainer mus	the back of this training log.  ormal clinic.  ke and turn official who has been to complete the back portion of this recast a single session of a swim meet that					
3. Register as a Nor	-Athlete Member of USA	A Swimming.	See your club registrar for details.					
	After completing the above training requirements send this completed form (including trainin log) to the Snake River Swimming Officials Chair for final certification.							
Idaho Fa	rrow Hawk Dr. ls ID 83401 g1@hotmail.com							
5. Please print legib	y the first and last name	you desire to	have on your official's badge.					

## STROKE AND TURN JUDGE ON-DECK TRAINING RECORD

## **Please Complete All Information For Each Meet Worked**

Meets Worked		Strokes Observed				To Be Completed By Qualified Trainer			
_		Session				_			
Date	Meet	Worked	Fly	Back	Breast	Free	Total	Name / Signature	Comments
									1
			<u> </u>				<u> </u>	<u> </u>	