







# Greater Richmond Aquatic League Certification Training Form

Name: Joy Jastram

Club: Milestone Akas

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    | _____ |

6/6/04

Tableworker  
**Starter**

6/15

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: *Jimmy Secore*  
(Signature)

6/29/04  
(Date)

Please submit to GRAL 1<sup>st</sup> Vice President.

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**For GRAL use only**

Date certification verified \_\_\_\_\_ Verified by \_\_\_\_\_ Re-certification year \_\_\_\_\_

# Greater Richmond Aquatic League Certification Training Form

Name: AMITY MCALPIN

Club: ESRC

Date Attended

Clinic:

6/06

## Strokes and Turns

## Date of Meet

Walked IM	<u>6/21</u>	
Walked Freestyle	<u>6/15</u>	6/21
Walked Backstroke	<u>6/15</u>	6/21
Walked Breaststroke	<u>6/15</u>	6/21
Walked Butterfly	<u>6/15</u>	6/21
Walked Freestyle Relay	<u>6/15</u>	
Walked Medley Relay		6/21

Called IM	
Called Freestyle	<u>6/28</u>
Called Backstroke	<u>6/28</u>
Called Breaststroke	<u>6/28</u>
Called Butterfly	<u>6/29</u>
Called Freestyle Relay	<u>6/29</u>
Called Medley Relay	

AMITY IS  
NOT IN  
IN SPITE  
OF NOT  
HAVING  
CALLED  
I'M OLIVER

WILL CALL MEET  
4 IF POSSIBLE

R Lincoln  
REFEREE

## Starter

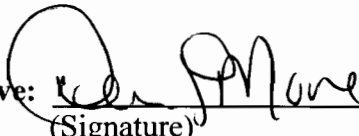
Walked \_\_\_\_\_

## 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)

6/28+29/06  
 (Date)

Please submit to GRAL 1<sup>st</sup> Vice President.

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 For GRAL use only

Date certification verified \_\_\_\_\_ Verified by \_\_\_\_\_ Re-certification year \_\_\_\_\_

**Greater Richmond Aquatic League  
Certification Training Form**

Name: Stephanie Welles

Club: Milestone, Markos

Date Attended  
Clinic: \_\_\_\_\_

_____	<u>Strokes and Turns</u>	<u>Date of Meet</u>
	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	_____
<u>6/6/06</u>	<u>Table worker</u>	<u>6/15</u>
_____	<b><u>Starter</u></b>	

\_\_\_\_\_ Walked \_\_\_\_\_

_____	<u>Referee*</u>	
	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: Jammy Beave 6/29/06  
(Signature) (Date)

Please submit to GRAL 1<sup>st</sup> Vice President.

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For GRAL use only

Date certification verified \_\_\_\_\_ Verified by \_\_\_\_\_ Re-certification year \_\_\_\_\_