## BUTTERFLY

			R THIS YE	AR		PERSONAL GOALS FOR THIS YEAR					
DISTANCE		TIME		DATE		DISTA	NCE	TI	ME	DATE	
						2					
						-					
						-					
	_										
						-					
		184 S			_			, arai			
Yards	Meters		50	100	200	Other					
Yards	Meters	25	50	100	200	Other	TIME	PLACE		W A R K S	
		25			200 LITS	Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	
		25				Other	TIME	PLACE		M A R K S	

BUTTERFLY

# **BUTTERFLY**

IKE	OAT:	CKS	BAC							
								LIIN	14	
The state of the s		7 -							la com	
		1								
									-	
77										
								-1	1	
Marie Paris										
				STI	21.0		1	WEE	DIST.	3TA
K E W Y K K 2	PLACE	<b>BMIT</b>		211	103					_
K E W Y K K 2	PLACE	3MIT	Other	002	001	05	] 5Z [	Meters	L sb1	PA [
KEW V K K 2	WYCE	3MIT	Darlto			05	] 52	Meters	zb1	N [
S E W P B K 2	MYCE	3MIT	- ParthO			05	] 52 [	* Weters	rds	N. [
KEWARKS.	FACE	3MIT	Other			05	52	Meters	spı	PA [
S E W P B K 2	PLACE	3MIT	Other			05	52	Meters	rds	P. [
SEWARKS.	PLACE	3MIT	Other			05	SZ	Meters	rds	P. [
KEWARKS.	PLACE	3MIT	Other			05	25 2	Meters	sb1	PA [
SEWARKS.	PLACE	3MIT	Other			05	] SZ [	Meters	rds	P. [
REMARKS.	PLACE	3MIT	Other			05	52	Meters	sbı	P. [
S E W P B K 2	PLACE	3MIT	Other			05	] \$2 [	Meters	sb1	PA
REMARKS.	FACE	3MIT	Other			05	SZ	Meters	sb1	DOY
REMARKS.	FACE	3WIT	Other			05	52	Meters	sb1	DO NOT THE PROPERTY OF THE PRO
SEWARKS.	FACE	3WIT	Other			05	SZ	Meters	sb1	DA C
SEW P & K Z	PLACE PLACE	3MIT	Other		001	05		Welers	TSIQ	31V

### **FREESTYLE**

L .	ards	Meters	25	50	100	200	Other_				
DATE	DIST.	MEET		SPLITS				TIME	PLACE	REMARKS	
				14							
									-		
								-			
									-		
		1									
Y	ards	Meters	25	50	100		Other				
	ards DIST.	Meters MEET	25	50	100 SPL	200	Other_	TIME	PLACE	R E M A R K S	
			25	50 [		200	Other_	TIME	PLACE	R E M A R K S	
			25	50 [		200	Other_	TIME	PLACE	R E M A R K S	
			25	50 [		200	Other_	TIME	PLACE	R E M A R K S	
			25	50		200	Other	TIME	PLACE	REMARKS	
DATE			25	50 [		200	Other	TIME	PLACE	REMARKS	
			25	50 [		200	Other_	TIME	PLACE	R E M A R K S	
			25	50 [		200	Other	TIME	PLACE	REMARKS	

#### **BREASTSTROKE**

## INDIVIDUAL MEDLEY

						-						
		$\dashv$										
K E W Y K K S	E	AA	3MIT		STI			1	WEE		DIST	3TAC
				Other	200	001	05	75	ers	teM	sbı	oy [
		1										
					-							
					-							
		+			_							
		+										
				)	-							
					-							
3TAQ	TIME		TANCE		_	3TAQ		TIME			NATS	

**FREESTYLE** 

						CC	MPETIT	TIVE P	ROGR	ESS C	HART					
Event:	FREESTYLE				E	BACKSTROKE		BUTTERFLY			BREASTSTROKE			IND. MEDLEY		
	20	_ 20	_ 20	_20	_ 20	20	_ 20	20	20	_ 20	20	20	_ 20	_20	_ 20_	20
Sept.																
Oct.																
Nov.			0													
Dec.																
Jan.			(													
Feb.																
Mar.												1				
Apr.																
May																
June																
July				1												
Aug.																

Yards	Meters 25	50 100	200 Other			
DATE DIS	T. MEET	SF	PLITS	TIME	PLACE	REMARKS
_						
						-

# INDIVIDUAL MEDLEY

терм рноие ио.	OTHER NO.
PHONE NO.	GUARDIAN PHONE NO.
	PARENT
ADDRESS	
NAME	
	<u>.</u>
	TELEPHONE NO.
	NAM RE

#### **AUTHORIZATION TO TREAT A MINOR**

BIRTHDATE	LAST TETA			I (we) the undersigned p	arent, parents or lego	al guardian of	
ALLERGIES TO DRUGS OR FOODS_						a n	ninor, do hereby
ANY SPECIAL MEDIC OR PERTINENT INFOI				authorize and consent to diagnosis rendered unde medical staff and emer Medicine Practice Act o Practice Act and on the st to operate a hospital fror	er the general or speci gency room staff lic r a Dentist licensed aff of any acute gene	tion, anesthetic, me ial supervision of an ensed under the p under the provision ral hospital holding	dical or surgical by member of the provisions of the as of the Dental a current license
TELEPHONES WHERE PARENTS MAY BE REACHED				understood that this auth care which the aforemen deem advisable. It is	orization is given to pr tioned physician in the understood that eff	ovide authority and e exercise of his best ort shall be made	power to render t judgement may to contact the
	FATHER	HOME	BUSINESS	undersigned prior to ren- treatment will not be wit			
	MOTHER	HOME	BUSINESS	List any restrictions:			
FAMILY PHYSICIAN				Date	Signature of Father,	Mother or Legal Gu	ardian
& ADDRESS		PHONE:		Address	City	State	Zip
						,	
							NAME
							TELEPHONE NO.