

Personal Details

Name: _____
 Gender: _____ DOB: _____ Photograph Here
 No.1 stroke: _____
 Average hours sleep/night: _____
 Resting heart rate: _____

	Sep 2010	Oct 2010	Nov 2010	Dec 2010
Height				
Weight				

Average Weekly Exercise Timetable

Fill in the table below, including school exercise and other sports

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Personal Best Times

Fill in the times you know, with dates achieved

Long Course (50m)

	50m	100m	200m	400m	800m/1500m
Butterfly					
Backstroke					
Breaststroke					
Freestyle					
IM					
Fly Kick					

Short Course (25 m)

	50m	100m	200m	400m	800m/1500m
Butterfly					
Backstroke					
Breaststroke					
Freestyle					
IM					
Fly Kick					