**Załącznik nr 1**

**do Zarządzenia Nr …../2024**

**Burmistrza Miasta Łowicza**

**z dnia 5 stycznia 2024 r.**



…………………..

(pieczątka klubu)

**DZIENNIK**

**TRENINGOWY**

ŁOWICZ …………

Wydział Kultury, Sportu i Turystyki

Urzędu Miejskiego w Łowiczu

99-400 Łowicz, Pl. Stary Rynek 1

Tel. 46/830 91 51

Fax 46/830 91 60

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(nazwa organizacji pozarządowej)

**ZAJĘCIA SZKOLENIOWO-TRENINGOWE**

/szkolenie zawodników dorosłych/

w okresie od …..……..……………… do …..……..………………

**Dyscyplina**

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**Rocznik**

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**Trener kl.** ………………..….. **/ Instruktor\***

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(nazwisko i imię)

**Koordynator** .......................................................

(nazwisko i imię)

\* niepotrzebne skreślić

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| **KONTROLE** | | | |
| Data | Osoba kontrolująca | Uwagi pokontrolne | Podpis |
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| **EWIDENCJA ZAWODNIKÓW** | | | | |
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Tygodniowy rozkład zajęć:

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| Okres szkoleniowy | Czas miejsce | Poniedziałek | Wtorek | Środa | Czwartek | Piątek | Sobota | Niedziela |
| Podokresy |
|  | Godzina |  |  |  |  |  |  |  |
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| **FREKWENCJA NA ZAJĘCIACH** | | | | | | | | | | | | | | | | | | | | | | | | | |
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***O****-obecny* ***N*** *- nieobecny*

***NU*** *- nieobecny usprawiedliwiony* ***NN*** *- nieobecny nieusprawiedliwiony****K*** *– kontuzja* ***Ch*** *– choroba* ***R*** *- Rekonwalescencja*

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| **HARMONOGRAM ZAJĘĆ PLANOWANY / REALIZOWANY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DNI  I GODZINY ZAJĘĆ | **poniedziałek** | | | **wtorek** | | | | | | | **środa** | | | | | **czwartek** | | | | | **piątek** | | | | | **sobota** | | | | | **niedziela** | | | | |
| M-C |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | | **20** | **21** | **22** | **23** | | **24** | **25** | **26** | **27** | | **28** | **29** | **30** | **31** |
|  | PLAN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |
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**T** – Trening **Z** – Zgrupowanie **U** – Udział w zawodach

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| **ZAPIS TRENINGÓW – REALIZACJA SZKOLENIA** | | | |
| Data | Godz. od - do | Treść zajęć/adnotacja o realizacji programu szkolenia sportowego | Podpis trenera/  instruktora |
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# TERMINARZ ZAWODÓW:

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**Zawody towarzyskie/kontrolne/sparingi:**

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**Informacje dodatkowe/uwagi:**