



Federación Nacional de Natación, Clavados, Polo Acuático y Natación Sincronizada de Guatemala

Informe Técnico Mensual Profesores

FOR-4-DT-INFO

Información general.

Nombre: KEVIN RENE DE LEON TEZ **Departamento:** CHIMALTENANGO

Piscina: ESCUELA NORMAL DE EDUCACION FISICA, LA ALAMEDA

Horarios: 05:00 a 06:00 07:00 a 08:00 09:00 a 10:00 10:00 a 11:00

14:00 a 15:00 15:00 a 16:00 16:00 a 17:00 17:00 a 18:00

Días de trabajo: lunes martes miércoles jueves viernes
sábado

Domingo

Mes y año: ENERO DE 2023

Información Específica.

Objetivo general: DESARROLLO DE LA CAPACIDAD AEROBICA DE LOS ATLETAS

Objetivos específicos: DESARROLLAR EJERCICIOS QUE MEJORARAN EL RENDIMIENTO FISICO DEL ATLETA AL DESARROLLAR TRABAJO EN AGUA Y TIERRA

Mesociclo:1 Modulo: 1 Numero de clases planificadas: 15

Clases efectivas: 15

Factores que no permitieron cumplir con lo planificado:

Asistencias.

Adjuntar al informe.

Capacitaciones.

Lugar

Fecha:

Entidad organizadora:

Comentarios:

Observaciones.


Firma de Profesor/a




Miembro del Comité Ejecutivo

ASONAT


Vo.bo. Director Técnico



| CONTROL DE ASISTENCIA DE ATLETAS A SESIONES DE ENTRENAMIENTO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|-----|---|
| ASOCIACIÓN DEPORTIVA DE NATACIÓN DEPARTAMENTAL DE: | | | | | | | | | | | | | | | NATACIÓN ENERO | | | | | | | | | | | | | | | | | | | | |
| ENTRENADOR: KEVIN DE LEON TEZ | | | | | | | | | | | | | | | HORARIOS: 7-8 9-10AM / 2-3PM / 3-4PM / 4-5 / 5-6 | | | | | | | | | | | | | | | | | | | | |
| SESIONES PLANIFICADAS: 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | NOMBRE COMPLETO | 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 | A | I | % |
| 1 | JIMENA TERAZ | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 2 | ANDREA DUARTE | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 3 | ADRIANA OZUNA | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 4 | YACHELIN NAVAS | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 5 | DEBORA ETYA CUA MUNOZ | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 6 | MIVETH CASTRO DE LEON | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 7 | GENESS RIVAS | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 8 | VICTOR CALAN | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 9 | ALEXANDER SEBASTIAN DE PAZ | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 10 | SOFIA TUBAC | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 11 | KEYSSI SIQUINALAJAY | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 12 | RUBEN TEZ MEJIA | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 13 | RUBY TEZ MEJIA | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 14 | DAVID ROQUEL | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 15 | DAVID CALAN | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 16 | RAFAEL CALAN | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 17 | ANGELY AZURDIA | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 18 | MOHAMED VIELMAN | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 19 | SJICELY ANAHI DE LEON | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 20 | VESSEY RIVAS | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |
| 21 | SOFIA OSORIO | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 100 | |

X: Asistencia
 E: Enfermedad
 L: Lesion
 C: Competencia o Campesamento
 A: Actividad Programada por el COG
 D: Descanso

Porcentaje de asistencia General de la Matrícula del Mes: **100%**

** Toda lesión o enfermedad de atletas, deben de ser justificadas con certificado médico de la Dirección de Servicios para la Competitividad

JUSTIFICACION DE INASISTENCIAS (E, L):

| No. | Nombre | Documento Adjunto |
|-----|--------|-------------------|
| 1 | | |
| 2 | | |
| 3 | | |

OBSERVACIONES:

NOTA: El entrenador sera responsable del control, de reportar justificaciones de inasistencias a los entrenamientos.

Kevin Tez
Nombre del Entrenador

Firma del Entrenador



FIRMA Y SELLO DE CEASOACION