



AQUATIC SAFETY INSPECTOR PROGRAM 2017 MANDATORY UPDATE INDIVIDUAL AGREEMENT

INFORMATION - Please print clearly

| | | |
|----------------------|---------------------------|---------------------|
| NAME: | | MEMBER #: |
| ADDRESS: | | |
| CITY: | PROVINCE: | POSTAL CODE: |
| PHONE: () | ALT. PHONE: () | FAX: () |
| EMAIL: | DOB: | YY/MM/DD |

CONDITIONS - Please read and complete

- | | Completed |
|---|--------------------------|
| 1. I have reviewed the information in the Aquatic Safety Inspector Program - 2017 Mandatory Update Guide. Download from www.lifesaving.org | <input type="checkbox"/> |
| 2. I understand the new Aquatic Safety Inspection and reporting process. | <input type="checkbox"/> |
| 3. I have reviewed and understand the changes to the Aquatic Safety Inspection Report - Supervised Public Pool. | <input type="checkbox"/> |
| 4. I have reviewed and understand the Aquatic Safety Inspector quality assurance key messages. | <input type="checkbox"/> |
| 5. I have reviewed and understand the changes to policies and procedures. | <input type="checkbox"/> |
| 6. I have read, understood and completed the conditions above. | <input type="checkbox"/> |

SIGNATURE: _____ **DATE:** _____

Please submit completed form to the Lifesaving Society.

| FOR OFFICE USE ONLY | |
|-----------------------|---------------------|
| DATE PROCESSED | PROCESSED BY |