

Swim Transition Instructor Clinic Participant Completion Form



LIFESAVING SOCIETY®
The Lifeguarding Experts

Clinic Date:

Affiliate Delivery Partner:

Affiliate Representative:

Signature:

				Proof of Red Cross WSI Certification Provided	Has a copy of the Swim for Life Award Guide	Clinic Attendance Confirmed	
1 Name	Gender	DOB (YYYY/MM/DD)	Lifesaving Society Member ID (if applicable)				
	Address		Province				Email
	City		Postal Code				Phone
2 Name	Gender	DOB (YYYY/MM/DD)	Lifesaving Society Member ID (if applicable)				
	Address		Province				Email
	City		Postal Code				Phone
3 Name	Gender	DOB (YYYY/MM/DD)	Lifesaving Society Member ID (if applicable)				
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	City		Postal Code				Phone
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	City		Postal Code				Phone
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	City		Postal Code				Phone
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	City		Postal Code				Phone
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	Address		Province				Email
	City		Postal Code				Phone
8 Name	Gender	DOB (YYYY/MM/DD)	Lifesaving Society Member ID (if applicable)				
	Address		Province				Email
	City		Postal Code				Phone

Clinic valid until December 31, 2022

Proof of WSI certifications must be included with the form submission.

