

American Red Cross

Water Safety Instructor Activity Report

CHAPTER INFORMATION

American Red Cross
 Bay Area Chapter
 85 Second St, 8th Floor
 San Francisco, CA 94105

Send this completed form to the address on the left or the e-mail address or fax number below.

E-mail Address hsservice@usa.redcross.org

Fax Number (415) 427-8041

INSTRUCTOR INFORMATION

Instructor Name _____

Instructor Address _____

Street Address _____

City, State, ZIP Code _____

Instructor Phone Number _____

Instructor ID No. or Signature _____

Instructor's Unit of Authorization
 (If different than Chapter Information) _____

Check here if new address or phone number for instructor

AUTHORIZED PROVIDER INFORMATION

Authorized Provider Name _____

Facility Address _____

Facility Name _____ Facility Phone _____

City, State, ZIP Code _____

COURSE INFORMATION – Provide the information requested below for each course taught.

By submitting this form, the instructor acknowledges that the courses were taught according to American Red Cross standards.

Place a check under the course name. **Use one row per course**

Learn-to-Swim

Level 6

Parent and Child Aquatics Level 1 (HSAQU201)	Parent and Child Aquatics Level 2 (HSAQU202)	Preschool Aquatics Level 1 (HSAQU203)	Preschool Aquatics Level 2 (HSAQU204)	Preschool Aquatics Level 3 (HSAQU205)	Level 1 (HSAQU206)	Level 2 (HSAQU207)	Level 3 (HSAQU208)	Level 4 (HSAQU209)	Level 5 (HSAQU210)	Learn-to-Swim			Basic Water Rescue (HSAQU302)	Personal Water Safety (HSAQU304)	Number Enrolled	Number Passed	Start Date	Completion Date	Name of Co-Instructor or Instructor Aide (If Aide, place an "A" next to the name.)	LMS Schedule Instance Number
										Personal Water Safety (HSAQU211)	Fundamentals of Diving (HSAQU212)	Fitness Swimmer (HSAQU213)								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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For Red Cross Use Only

Red Cross Branch _____

Chapter _____

Date _____

Date Recorded _____

Person Entering/Recording Data _____

Auth Provider ID No _____