

<b>CHAPTER INFORMATION</b>  American Red Cross Bay Area 85 2 <sup>nd</sup> Street, 8 <sup>th</sup> Floor San Francisco, CA 94105  Attn: Records & Reports  E-mail Address <u>HSService@usa.redcross.org</u> Fax Number <u>415-427-8041</u>	<b>Send this completed form to the address on the left or the e-mail address or fax number below.</b>	<b>LEADER INFORMATION</b>  Leader Name _____ Leader Address _____ Street Address _____ City, State, Zip _____  Leader Telephone Number _____  Leader Unit of Affiliation _____ (If different from Chapter Information)  <input type="checkbox"/> Check here if new address or phone number for leader.
---	---	--

<b>AUTHORIZED PROVIDER INFORMATION</b>	
Authorized Provider Name _____	Authorized Provider ID No. _____
Facility Name _____	Facility Address _____
Facility Phone _____	Street Address _____
	City, State, Zip _____

**ACTIVITY/COURSE INFORMATION** Provide the information requested below for each activity presented or course taught.  
 By submitting this form the leader acknowledges that the activities or courses were presented or taught according to American Red Cross standards.

Place a check under the activity or course name. Use one row per activity or course.							<b>Number Enrolled</b>	<b>Start Date</b>	<b>Completion Date</b>	<b>Name of Co-Leader</b>	<b>CHERS Class Number</b>
Longfellow's WHALE Tales (3407)	Water Safety Today (34907)	Parent Orientation to Swimming Lessons (34908)	Home Pool Safety (34909)	General Water Safety (34910)	Guard Start (34650)						
<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

<b>For Red Cross Use Only</b>	Red Cross Branch _____	Chapter Use _____	Date Received _____	Date Recorded _____	Person Entering/Recording Data _____
-------------------------------	------------------------	-------------------	---------------------	---------------------	--------------------------------------

# Aquatics Leader Activity Report [Form 6418(Aquatics)]

## General Directions

### USE OF THIS FORM

This form is intended to be used only for those activities or courses listed on this form. Other courses must be reported on the appropriate *Course Record* (Form 6418R) and *Course Record Addendum* (Form 6418AR). This form can be accepted by fax, e-mail or regular mail. This form is to be completed within 10 working days of activity or course completion.

### RETURN COMPLETED FORM

Send the completed form to the location indicated on the form. If you do not have the address for the local chapter, you can call them or locate them on the Red Cross Web site at [www.redcross.org](http://www.redcross.org) under "Your Local Red Cross."

### LEADER INFORMATION

Provide all the information requested. The "Leader ID Number" is provided by the Red Cross chapter you present or teach for and can be substituted for the signature when the form is forwarded by e-mail. Please check the box if the address or phone number provided is new.

### AUTHORIZED PROVIDER INFORMATION

In this section provide the requested information. The Authorized Provider ID number is currently optional. Contact the local chapter to get the number and to see if it is needed for your facility.

### ACTIVITY/COURSE INFORMATION

In this section provide the requested information for each activity presented or course taught. **There is to be only one activity or course per line.** Information on specific columns is below:

#### Place a check under the activity or course name.

In the box under the activity or course name and code place a check mark for the activity or course taught. There should only be one check per line.

#### Number Enrolled

List the number of students enrolled in each activity or course

#### Start Date and Completion Date

For the activity or course checked, list the start and completion date.

#### Name of Co-Leader

If there was a co-leader, list that person's name next to the activity or course.

#### CHERS Class Number

This space is for chapter use, and the chapter is to enter the CHERS class number that is generated when the activity or course is entered into CHERS.