

INSTRUCTOR _____ <small>(last name, first name, middle initial)</small> ADDRESS _____ <small>(street)</small> _____ <small>(city, state, zip)</small> PHONE _____ E-MAIL _____ UNIT OF AUTHORIZATION _____ ADDRESS _____ CO-INSTRUCTOR _____ <small>(last name, first name, middle initial)</small> ADDRESS _____ <small>(street)</small> _____ <small>(city, state, zip)</small> PHONE _____ E-MAIL _____ UNIT OF AUTHORIZATION _____ ADDRESS _____ Check here if address and/or phone number is new for the instructor or co-instructor. <input type="checkbox"/>	SPONSORING AMERICAN RED CROSS UNIT _____ TRAINING SITE INFORMATION <small>(name of authorized provider (AP), school, workplace, community organization or Red Cross unit)</small> NAME _____ AUTHORIZED PROVIDER ID NUMBER _____ STREET _____ CITY, STATE, ZIP _____ HOW COURSE WAS DELIVERED <input type="checkbox"/> Full-Service Contract <input type="checkbox"/> Community <input type="checkbox"/> Authorized Provider TRAINING AUDIENCE - Check the box that best describes the training audience: <input type="checkbox"/> OW = Occupational/Workplace (Manufacturing, Offices, Retail, Transportation) <input type="checkbox"/> MR = Medical/Rescue (Hospitals, EMS/Fire, Police) <input type="checkbox"/> A = Academic (K-12, Colleges/Universities, trade schools) <input type="checkbox"/> C = Consumer (Youth Groups, Military, Organizations, Religious Group, Park & Rec)
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COMMENTS _____ _____ _____	ETHNIC ORIGIN INFORMATION			GENDER	
	White		Black or African American		Male
	Hispanic or Latino		American Indian/Alaskan Native		Female
	Asian		Native Hawaiian or Pacific Islander		No Report

Course Format: Full Course Review Challenge
 Certificates: Instructor will pick up Send to the facility Send to instructor Issued on site

Courses	Lifeguarding <small>(Lifeguarding/First Aid Certificate & CPR/AED for the Professional Rescuer Certificate)</small>		Waterfront Lifeguarding <small>(Lifeguarding/Waterfront /First Aid Certificate & CPR/AED for the Professional Rescuer Certificate)</small>		Waterpark Lifeguarding <small>(Lifeguarding/Waterpark/ First Aid Certificate & CPR/AED for the Professional Rescuer Certificate)</small>		Shallow Water Attendant <small>(Shallow Water Attendant(up to 4ft)/First Aid Certificate & CPR/AED for the Professional Rescuer Certificate)</small>		CPR/AED for the Professional Rescuer <small>(stand-alone course)</small>	Administering Emergency Oxygen	Bloodborne Pathogens Training: PDT	Lifeguard Management	Basic Water Rescue	Safety Training for Swim Coaches
	LG/FA	CPR/Pro	LG/WF/FA	CPR/Pro	LG/WP/FA	CPR/Pro	SWA/FA	CPR/Pro						
Number Enrolled														
Components	LG/FA	CPR/Pro	LG/WF/FA	CPR/Pro	LG/WP/FA	CPR/Pro	SWA/FA	CPR/Pro	N/A	N/A	N/A	N/A	N/A	N/A
Number Passed														
Inc./ Audit														
Total Hours														
Start Date														
End Date														

INSTRUCTOR SIGNATURE _____ or ID NUMBER _____	CO-INSTRUCTOR SIGNATURE _____ or ID NUMBER _____
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American Red Cross Office Use Only				
LMS or CHERS Class #	Fees	Red Cross Branch	Date Received	Date Certificates Issued
				Authorized Provider ID #

American Red Cross

	Lifeguarding options Choose one <i>Plus</i> CPR/AED: PR			Shallow Water Attendant <i>Plus</i> CPR/AED: PR	CPR/AED for Pro Rescuer	Other course	Other course	Name	Address	Phone/E-mail	Comments
	Lifeguarding /First Aid	Lifeguarding/ Waterfront/First Aid	Lifeguarding/ Waterpark/First Aid	Shallow Water Attendant (Up to 4ft)/First Aid	CPR/AED: PR						
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
Attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last	Street	Phone	
Grade								First	City, State, Zip	e-mail	
								Total Enrolled	Use additional pages for more participants.		
								Total Passed			