LIFESAVING SOCIETY
SOCIÉTÉ DE SAUVETAGE
The Lifeguarding Experts
Les experts en surveillance aquatique

Candidate Information & Prerequisite Form

Candidate Information - To be filled out by Candidate

Please Print Clearly:

Name: _____

Address: _____

City/Province: _____

Postal Code: _____

Telephone: _____

E-Mail: _____

Birth Date Year _____ Month _____ Day _____ Male ☐ Female ☐

Emergency Contact & Phone Number: _____

Do you have any medical conditions that you wish the instructor to know about? Yes ☐ No☐

If yes, please explain:

If needed continue on back of page

Prerequisites Check List - To be filled out by Course Conductor

Proof of Age
(If applicable)

Please check which one was seen
(Must include candidates date of birth to be acceptable)

- ❑ *Drivers License*
- ❑ *Birth Certificate*
- ❑ *Manitoba Medical Card*
- ❑ *Pass Port*
- ❑ *Other*

_____

Do not make or keep any photo copies of age pre-requisites

Seen By: _____

Signature: _____

Standard First Aid
(If applicable)

(Must be recognized by Manitoba Workplace Safety & Health)

- ❑ *Lifesaving Society AEC*
- ❑ *Lifesaving Standard First Aid*
- ❑ *Red Cross Standard First Aid*
- ❑ *St. Johns Ambulance Standard First Aid*
- ❑ *Criti Care Standard First Aid*
- ❑ *Other*

_____

Attach a photo copy of any certification not issued by the Lifesaving Society Manitoba Office

Seen By: _____

Signature: _____

Lifesaving Award
(If applicable)

- ❑ *Bronze Star*
- ❑ *Bronze Medallion*
- ❑ *Bronze Cross*
- ❑ *Distinction*
- ❑ *NLS*
- ❑ *Instructor Certification (Level)*

_____

- ❑ *Other*

_____

Attach a photo copy of any certification not issued by the Lifesaving Society Manitoba Office

Seen By: _____

Signature: _____

This form must be returned with the test sheet to:
The Lifesaving Society – Manitoba Branch #100-383 Provencher Blvd, Winnipeg, MB R2H 0G9