

American Red Cross

Lifeguarding options Choose one <i>Plus</i> CPR/AED for LG		Shallow Water Attendant <i>Plus</i> CPR/AED for LG		CPR/AED for Lifeguards	Other course	Other course	Start Date:	End Date:		
Lifeguarding /First Aid	Lifeguarding/ Waterfront/First Aid	Lifeguarding/ Waterpark/First Aid	Shallow Water Attendant (Up to 4ft)/First Aid	CPR/AED for LG	—	—	Name	Address	Phone/E-mail	Comments
Attend	<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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	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"/>	Last	Street	Phone	
Grade							First	City, State, Zip	e-mail	

Total Enrolled

Total Passed

Use additional pages for more participants.