

# American Red Cross

PRINT CLEARLY

## Lifeguarding Activity Report Addendum

Page \_\_\_\_\_ of \_\_\_\_\_

	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			PRINT CLEARLY	PRINT CLEARLY	PRINT CLEARLY	
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	
								<b>Total Enrolled</b>	<b>Use additional pages for more participants.</b>		
								<b>Total Passed</b>			