

Aquatic Training Registration Form

Name: _____

Address: _____

City, State, Zip: _____

Family Center: _____

Phone: Home: _____ Cell: _____

Birthdate: _____ e-mail: _____

Course: _____

Course Date: _____

Supervisor Signature: _____

Executive Director Signature: _____

Please send a copy of all Prerequisite Certifications with registration form.

Information below is for administrator.

Date received: _____

Proof of prerequisites: _____

CPR/AED _____ First Aid _____ Oxygen _____ Lifeguard _____ YSI _____

Journal Transfer initiated: _____

Journal Transfer completed: _____