

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"/>	<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		
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
	Total Passed

Use additional pages for more participants.