

American Red Cross

Water Safety Instructor Activity Report

CHAPTER INFORMATION [Chapter Contact] _____ [Chapter Name] _____ American Red Cross [Street Address] _____ [City, State, ZIP Code] _____ E-mail Address _____ Fax Number _____	Send this completed form to the address on the left or the e-mail address or fax number below.	INSTRUCTOR INFORMATION Instructor Name _____ Instructor Address _____ Street Address _____ City, State, ZIP Code _____ Instructor Phone Number _____ Instructor ID No. or Signature _____ Instructor's Unit of Authorization _____ (If different than Chapter Information) Check here if new address or phone number for instructor <input type="checkbox"/>
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AUTHORIZED PROVIDER INFORMATION	
Authorized Provider Name _____	Facility Address _____
Facility Name _____	Facility Phone _____
	City, State, ZIP Code _____

COURSE INFORMATION – Provide the information requested below for each course taught.
By submitting this form, the instructor acknowledges that the courses were taught according to American Red Cross standards.

Place a check under the course name. Use one row per course															LMS Schedule Instance Number					
Learn-to-Swim																				
Level 6												Number Enrolled	Number Passed	Start Date		Completion Date	Name of Co-Instructor or Instructor Aide (If Aide, place an "A" next to the name.)			
Parent and Child Aquatics Level 1 (HSAQU201)	Parent and Child Aquatics Level 2 (HSAQU202)	Preschool Aquatics Level 1 (HSAQU203)	Preschool Aquatics Level 2 (HSAQU204)	Preschool Aquatics Level 3 (HSAQU205)	Level 1 (HSAQU206)	Level 2 (HSAQU207)	Level 3 (HSAQU208)	Level 4 (HSAQU209)	Level 5 (HSAQU210)	Personal Water Safety (HSAQU211)	Fundamentals of Diving (HSAQU212)				Fitness Swimmer (HSAQU213)			Basic Water Rescue (HSAQU302)	Personal Water Safety (HSAQU304)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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For Red Cross Use Only	Red Cross Branch _____	Chapter _____	Date _____	Date Recorded _____	Person Entering/Recording Data _____	Auth Provider ID No _____
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