

LIFESAVING PATIENT FORM

Competitors/Teams to submit this Form at competition Report Time

<p><u>Champion Lifesaver</u> 1 patient per club. Not required in 2021</p> <p>(must be a Current Financial Member of the Association)</p> <p>Yes/No</p>	<p><u>First Aid</u> 1 patient per TEAM</p> <p>(must be a Current Financial Member of the Association)</p> <p>Yes/No</p>	<p><u>Patrol Competition</u> 1 patient per team must hold minimum proficient SRC or Bronze.</p> <p>(must be a Current Financial Member of the Association and prepared to go into the water and can wear wetsuits optional)</p> <p>Yes/No</p>
First Name		Last Name
Club		
<p>Awards Held</p> <p>1.</p> <p>2.</p> <p>3.</p>		
Date of Birth (age preference 13 – 50 yrs)		

All Patients must be current financial members of the association