

LIFESAVING PATIENT FORM

Competitors/Teams to submit this Form at competition Report Time

| | | |
|---|---|---|
| <p><u>Champion Lifesaver</u> 1 patient per club.</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. (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