



Name		Member #
Address		
City	Province	Postal Code
Home Ph		Cell Ph
E-mail		Birthdate

**1. AQUATIC EXPERIENCE**

Number of years in Aquatics	
Most Current Position	
Currently Employed by	

**2. POST-SECONDARY EDUCATION** (Please complete appropriate sections)

Certificate(s)	
Diploma	
Degree	
Relevant Workshops or Other Training	

**3. AQUATIC CERTIFICATIONS** (Please check all that apply)

Lifesaving Society Certifications

- Lifesaving Instructor
- Lifesaving Trainer
- First Aid Instructor
- First Aid Trainer
- National Lifeguard
- National Lifeguard Instructor
- National Lifeguard Trainer
- National Trainer
- \_\_\_\_\_

YMCA Certifications

- Instructor
- Instructor Trainer
- \_\_\_\_\_

Other Aquatic Certifications

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

