



LIFESAVING SOCIETY

The Lifeguarding Experts

LIFESAVING SOCIETY

LEADERSHIP RECERTIFICATION CREDIT CARD

Surname _____ Given name _____ Birth date (yy mm dd) _____

Street _____ Apt. # _____ ID # _____

City/Town _____ Prov _____ Postal code _____ Home phone _____

Email _____ Bus. phone _____ Ext. _____

Please ✓ the awards you wish to recertify			
	Instructor	Examiner	Inst. Trainer
Swim		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lifesaving		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency First Aid		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Standard First Aid		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Airway Management		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CPR-HCP		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
National Lifeguard		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Aquatic Supervisor		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patrol Rider		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pool Operator		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety Inspector		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coach		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

For office use - date card(s) issued: _____

CREDIT RECORD

Course _____ Credit value _____

Location _____ Date _____

Evaluator's signature _____

Course _____ Credit value _____

Location _____ Date _____

Evaluator's signature _____

Course _____ Credit value _____

Location _____ Date _____

Evaluator's signature _____

Did you remember to:

Enclose validated credit card totaling three credits.

Calculate the recertification fee based on the number of awards you wish to recertify. (Examiner recert is free if sent with instructor recert credits.)

Enclose cheque, money order, or credit card authorization by the card holder (Visa, MasterCard or American Express) for the recertification fee.

*Send to the LIFESAVING SOCIETY - 400 Consumers Road, Toronto, Ontario M2J 1P8. Ph: 416 490 8844 Fax: 416 490 8766
Email: LD_recerts@lifeguarding.com Web: www.lifesavingsociety.com*

CREDIT CARD PAYMENT AUTHORIZATION 2017

You may submit your credit card and payment by e-mail to LD_recerts@lifeguarding.com as follows:

- Refer to the current Credit List to ensure your credits are valid for the awards you wish to recertify.
- Complete the credit card information above identifying a minimum total of 3 credits.
- Calculate the payment amount: The 2017 fee is \$27.40 for the first leadership award recertified plus \$7.45 for each additional leadership award recertified at the same time to a maximum of \$50.00.
- Complete the credit card payment section below.
- Print or save a copy of the credit card for your records.
- In Adobe Acrobat or Adobe Reader, go to "Attach to e-mail" on the FILE menu or simply click the SUBMIT button. Send to LD_recerts@lifeguarding.com.
- You will receive a copy of your credit card receipt with your new certification card(s).

I authorize the Lifesaving Society to charge my credit card as follows:

_____ Visa MasterCard AMEX
Name on Credit Card

_____ Exp date
Card number

_____ Payment amount (optional)
(we will calculate at the time of processing)

_____ Date submitted

OFFICE USE ONLY

_____ Date transaction processed

_____ Authorization #

_____ Processed by