

## The Lifeguarding Experts

| Surname            | Given name          |                  | Birth date<br>(yy mm dd) |
|--------------------|---------------------|------------------|--------------------------|
| Street             | 55                  | Apt.#            | ID#                      |
| Dity/Town          | Prov Postal         | Prov Postal code |                          |
| Ēmail              |                     | Bus              | s. phone Ext.            |
| Please 🗸           | the awards you wish | to recertify     |                          |
|                    | Instructor          | Examiner         | Trainer                  |
| Swim               |                     |                  |                          |
| Lifesaving         |                     |                  |                          |
| Standard First Aid |                     |                  |                          |
| Airway Management  |                     |                  |                          |
| CPR-HCP            |                     |                  |                          |
| National Lifeguard |                     |                  |                          |
| Aquatic Supervisor |                     |                  |                          |
| Pool Operator      |                     |                  |                          |
| Safety Inspector   |                     |                  |                          |
| Coach              |                     |                  |                          |
| Official:          |                     |                  |                          |
| Other:             |                     |                  |                          |
| Other:             |                     |                  |                          |

|                                                       | CREDIT RECORD                                                                                                                                                                                                                                                                                              |              | CREDIT CARD PAYMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                 | JTHORIZATION 2018          |  |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
|                                                       | Course                                                                                                                                                                                                                                                                                                     | Credit value | You may submit your credit card and payment by e-mail to info@lifesavingnb.ca as follows:  Refer to the current Credit List to ensure your credits are valid for the awards you wish to recertify.                                                                                                                                                                                                                                                    |                            |  |
|                                                       | Location                                                                                                                                                                                                                                                                                                   | Date         |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |
|                                                       | Evaluator's signature                                                                                                                                                                                                                                                                                      |              | Complete the credit card information above identifying a minimum total of 3                                                                                                                                                                                                                                                                                                                                                                           |                            |  |
|                                                       | Course                                                                                                                                                                                                                                                                                                     | Credit value | credits.  Calculate the payment amount: The 2018 fee is \$30.00 for the first leadership award recertified plus \$8.50 for each additional leadership award recertified at the same time to a maximum of \$55.00.  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 |                            |  |
|                                                       | Location                                                                                                                                                                                                                                                                                                   | Date         |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |
|                                                       | Evaluator's signature                                                                                                                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |
|                                                       | Course                                                                                                                                                                                                                                                                                                     | Credit value |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |
|                                                       | Location                                                                                                                                                                                                                                                                                                   | Date         | info@lifesavingnb.ca  You will receive a copy of your credit card receipt with your new certification card(s).                                                                                                                                                                                                                                                                                                                                        |                            |  |
|                                                       | 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. |              | I authorize the Lifesaving Society to charge my credit card as follows:  Visa MasterCard AME.  Name on Credit Card                                                                                                                                                                                                                                                                                                                                    |                            |  |
|                                                       |                                                                                                                                                                                                                                                                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |  |
|                                                       | NB, E3A 6W1. Ph: 506 455 5762 Fax: 5                                                                                                                                                                                                                                                                       |              | Card number                                                                                                                                                                                                                                                                                                                                                                                                                                           | Exp date                   |  |
|                                                       | Email: info@lifesavingnb.ca Web: www.lifesavingnb.ca                                                                                                                                                                                                                                                       |              | Payment amount (optional) (we will calculate at the time of processing)                                                                                                                                                                                                                                                                                                                                                                               | OFFICE USE ONLY            |  |
|                                                       |                                                                                                                                                                                                                                                                                                            |              | (we will calculate at the time of processing)                                                                                                                                                                                                                                                                                                                                                                                                         | Date transaction processed |  |
|                                                       |                                                                                                                                                                                                                                                                                                            |              | Date submitted                                                                                                                                                                                                                                                                                                                                                                                                                                        | Authorization #            |  |