



# 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"/>	
Lifesaving		<input checked="" type="checkbox"/>	
Emergency First Aid		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOAT		<input checked="" type="checkbox"/>	
Standard First Aid		<input checked="" type="checkbox"/>	
Airway Management			<input checked="" type="checkbox"/>
CPR-HCP			<input checked="" type="checkbox"/>
National Lifeguard			
Aquatic Supervisor			
Coach Level _____			
Other: _____			

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: [experts@lifeguarding.com](mailto:experts@lifeguarding.com) Web: [www.lifesavingsociety.com](http://www.lifesavingsociety.com)

## CREDIT CARD PAYMENT AUTHORIZATION 2014

You may submit your credit card and payment by e-mail to [LD\\_recerts@lifeguarding.com](mailto: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 2014 fee is \$26.10 for the first leadership award recertified plus \$7.10 for each additional leadership award recertified at the same time to a maximum of \$50.00. Note: The Society considers Examiners volunteers. To recognize this volunteer service we do not charge a fee for Examiner reappointments submitted at the same time.

✍ 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](mailto: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  AMX

\_\_\_\_\_  
Name on Credit Card

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Exp date

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

\_\_\_\_\_  
Date submitted

### OFFICE USE ONLY

\_\_\_\_\_  
Date transaction processed

\_\_\_\_\_  
Authorization #

\_\_\_\_\_  
Processed by