

## The Lifeguarding Experts

Surname		Given name				
Street			Apt.#	II	D #	
City/Town	Pro	Prov Postal code			Home phone	
Email			Bu	s. phone	Ex	
Please ✓	the awards	you wish	to recertify			
	Inst	ructor	Examiner	Traine	er	
Swim						
Lifesaving						
Emergency First Aid						
Standard First Aid						
National Lifeguard						
Aquatic Supervisor						
Pool Operator						
Safety Inspector						
Coach						
Other:						
Other:						
Other:						

CREDIT RECORD		CREDIT CARD PAYMENT A	UTHORIZATION 2022			
Course	Credit value	You may submit your credit card and payment by e-mail to LD_recerts@lifeguarding.com as follows:				
Location	Date	Refer to the current Credit Lis awards you wish to recertify.	to ensure your credits are valid for	the		
Evaluator's signature		Complete the credit card infor credits.	mation above identifying a minimum	total of 3		
Course_	Credit value	Calculate the payment amount: The 2023 fee is \$35.00 for the first				
Location_	Date	leadership award recertified plus \$25.00 for each additional leadership award recertified at the same time to a maximum of \$75.00.				
Evaluator's signature		Complete the credit card payment section below.				
<u> </u>		Print or save a copy of the cre	•			
Course	Credit value	In Adobe Acrobat or Adobe Reader, go to "Attach to e-mail" on the FILE menu. Send to LD_recerts@lifeguarding.com.				
Location	Date	You will receive a copy of your credit card receipt with your new certification				
Evaluator's signature		card(s).				
Did you remember to:						
Enclose validated credit card totaling	g three credits.					
Calculate the recertification fee base to recertify.	ed on the number of awards you wish	I authorize the Lifesaving Society to charge my credit card as follows:  Visa MasterCard AMEX				
Enclose cheque, money order, or cr holder (Visa, MasterCard or America	redit card authorization by the card an Express) for the recertification fee.	Name on Credit Card	Visa Villastei Ca	TO AIVIEX		
Send to the LIFESAVING SOCIETY - 400 Consumers Road, Toronto, Ontario M2J 1P8. Ph: 416 490 8844 Fax: 416 490 8766		Card number	Exp date			
Email: LD_recerts@lifeguarding.cor	n Web: www.lifesavingsociety.com		OFFICE USE ONLY			
		Payment amount (optional) (we will calculate at the time of processing)				
			Date transaction processed			
		Date submitted	Authorization # Pr	rocessed by		