

LIFESAVING SPORT CANADIAN ATHLETE REGISTRATION FORM

First Name:	Name: Last Name:		
Address:			
City:	Province: Postal C		tal Code:
Home Telephone #: ()		Date of Birth (y-ı	m-d): Gender:
Lifesaving Society Member ID#: Email:			
Club/Affiliate:			
If you are currently a Register birth. We only require proof of			ubmit proof of citizenship or date of rd.
Citizenship (2) Date of Birth (<i>You</i> a current Bronze Medallion or	u must be at least 16 y higher certification to	years of age) (3) Lif compete in the P	irm and support each of (1) Canadian fesaving Society Award (<i>You must hold</i> Pool Lifesaving Championships or Surf in the Lifeguard Emergency Response
(1) Canadian Citizenship: Birth Certificate or Canadian Passport or Citizenship Card		ate of Birth: Certificate dian Passport nship Card	(3) Lifesaving Award: Lifesaving Society Cert. Card
DECLARATION: I hereby declare that the statements made in this application are true.			
Applicant's signature:	Date:		Signed at:
	Year / Mont	h / Day	City / Province
FOR OFFICE USE: DOCUM	IENTS RECEIVED		
Canadian Citizenship	Birth Certificate Copy attached: Yes No Passport or Citizenship card Copy attached: Yes No		
Date of Birth	Birth Certificate Copy attached: Yes		
Lifesaving Award	Passport or Citizenship card Lifesaving Society Certification Card		Copy attached: Yes No Copy attached: Yes No
Registered Athlete Number: _			