

RED CROSS CPR, FIRST AID & SWIMMING INSTRUCTION APPLICATION

IMPORTANT - MANDATORY TO OBTAIN COVERAGE: The principal and all employees must be of legal age of majority

Name (Include Business Name, if applicable): _____

Postal Address: _____

Telephone Number: (Home) _____ (Office) _____

Effective Date of Coverage: _____

E-Mail Address: _____

Description of Operations: CPR First Aid Swimming Instruction - Complete all details below

SWIMMING INSTRUCTION:

Own Pool Parent's Pool Other Pools (Attach a list including Name and Address of each)

Age of Students _____ Normal number of classes held _____ (Per Week) _____ (Per Year)

Normal time of Classes _____

Do you teach diving? Yes No If yes, Deck Board

Do you keep a pool log? Yes No THIS IS MANDATORY TO OBTAIN COVERAGE

Do Parents sign a waiver? Yes No THIS IS MANDATORY TO OBTAIN COVERAGE

QUALIFICATIONS & DESIGNATIONS

CURRENT STATUS

_____	_____
_____	_____
_____	_____
_____	_____

Do you provide any other courses (specify)

Number of Yrs. Experience _____ Number of Classes/Year _____

Usual number in Class _____ Number of Employees _____

Annual Gross Receipts \$ _____

Number of Contract Employees _____ *(They are contract employees if you don't deduct CPP, EI or Income Tax)

Territory of Operations _____

Authorizing Agency _____ I.D. Number _____

