



Candidate Information & Prerequisite

Please Print Clearly:

Name: _____

Address: _____

City/Province: _____

Postal Code: _____

Telephone: _____

E-Mail: _____

Birth Date: month day year Male Female

Emergency Contact & Phone Number: _____

Do you have any medical conditions that you wish the instructor to know about? Yes No
If yes, please explain:

Photocopies Of Prerequisites

Proof of Age (If applicable)

Examples

(may include any of the following)

- Drivers License
- Birth Certificate
- Manitoba Medical Card
- Pass Port

Must include candidates date of birth

Standard First Aid (If applicable)

Examples

(may include any of the following)

- Lifesaving Society AEC
- Lifesaving Standard First Aid
- Red Cross Standard First Aid
- St. Johns Ambulance Standard First Aid
- CritiCare Standard First Aid

Lifesaving Award

Examples

(as required)

- Bronze Star
- Bronze Medallion
- Bronze Cross
- Distinction
- NLS

Photocopies of this form must be returned with the test sheet to:

The Lifesaving Society – Manitoba Branch 504 – 138 Portage Ave East Winnipeg, Manitoba R3C 0A1