

American Red Cross Aquatic Leader Orientation Verification Form

Upon reviewing the materials, please complete and sign this verification form. This verification form should then be returned to your local Red Cross unit's Health and Safety Services Administrator.

Instructor

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Leadr/Instructor ID Number (optional) _____

Part I: Verification of Orientation to Aquatic Leader

I attended a group orientation session.

Date of session _____

Location _____

Signature of IT or H&S Administrator Printed Name of IT or H&S Administrator

-OR-

I completed a self-orientation to Aquatic Leader.

Part II: Verification of Orientation to Program Materials

I verify that I have obtained and reviewed the following American Red Cross Water Safety Program materials, to include:

- Water Safety Handbook*
- Water Safety Today Outline
- General Water Safety outline
- Home Pool Safety outline
- Parent orientation to Swimming Lessons Outline

Print Name

Signature

Date