

American Red Cross

Water Safety Instructor Activity Report

CHAPTER INFORMATION		INSTRUCTOR INFORMATION		
Christina Kittell	Send this completed form to the Red Cross chapter where the course was taught. Contact the chapter for the address.	Instructor Name	John Doe	
Pikes Peak Chapter		Instructor Address	123 No Man's Land Dr.	
American Red Cross			Street Address	Anywhere, USA 12345
1040 S. 8 th St.			City, State Zip	
Colorado Springs, CO 80906			Instructor Telephone Number	(123) 456-7890
E-mail Address	healthsafe@pparc.org	Instructor ID No. or Signature	1234	
Fax Number	(719) 632-0206	Instructor's Unit of Authorization (If different than Chapter Information)		
		Check here if new address or phone for Instructor <input type="checkbox"/>		

AUTHORIZED PROVIDER INFORMATION	
Authorized Provider Name	ABC Games
Authorized Provider ID No.	111
Facility Name	ABC Games
Facility Address	456 Training Rd.
Facility Phone	
	Street Address
	Anywhere, USA, 12345
	City, State Zip

COURSE INFORMATION – Below provide the information requested below for each course taught.
 By submitting the form the instructor acknowledges that the courses were taught according to American Red Cross standards.

Place a check under the course name. Use one row per course.										Number Enrolled	Number Passed	Start Date	Completion Date	Name of Co-Instructor or Instructor Aide (If Aide mark an A next to the name)	CHERS Class Number
Learn to Swim Program															
IPAP (3400)	WHALE Tales (3407)	Level I (3431)	Level II (3432)	Level III (3433)	Level IV (3434)	Level V (3435)	Level VI (3436)	Level VII (3437)	GuardStart (34650)						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	01/01/2005	01/31/2005		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	48	01/01/2005	01/31/2005		
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For Red Cross Use Only	Red Cross Branch	Chapter Use	Date Received	Date Recorded	Person Entering/Recording Data