

**Name of Club:** \_\_\_\_\_

**Date sent to SLSNZ:** / /

Office use only:	Date Entered into CRM: / /
	Filed in SLR folder: Yes / No

Name:	SLSNZ # Membership	CPR Initial	Theory Initial	400m Pool Swim or Swim-Run		Run-Initial	Tube Rescue Initial	SL / PS	Senior Lifeguard - IRB Driver Initial	Date refresher Completed	Surf Lifeguard/Patrol Support Signature <small>(This Must be Signed)</small>
				Swim	Time			SL or PS			
1.										/ /	
2.										/ /	
3.										/ /	
4.										/ /	
5.										/ /	
6.										/ /	
7.										/ /	
8.										/ /	
9.										/ /	
10.										/ /	
11.										/ /	
12.										/ /	
Example Person	123456	ZC	ZC	RSR	6:24	ZC	ZC	SL	SE	27/10/2019	E.G.Person

Note: Please complete clearly in black or blue ball point pen. Put a single line through the centre of any person who has not completed their SLR.

**Instructor/Examiner:**

 \_\_\_\_\_  
 Signature Printed Name

**Instructor/Examiner:**

 \_\_\_\_\_  
 Signature Printed Name

**SLSNZ Region:**

 \_\_\_\_\_  
 Signature Printed Name

I declare that I conducted and supervised the appropriate and successful completion of the surf lifeguard refresher requirements by the members listed above.

I declare that I conducted and supervised the appropriate and successful completion of the surf lifeguard refresher requirements by the members listed above.

I certify that the person(s) above is a region endorsed instructor, examiner, Patrol Captain or other person capable of overseeing the components of the Surf Lifeguard refresher.