

**CLUB MONTHLY REPORT TO LIFESAVING SOUTH AFRICA**

MONTHLY STATEMENT OF \_\_\_\_\_ CLUB FOR THE MONTH OF \_\_\_\_\_

(Return yellow copy to Surf House, 35 Livingstone Rd, Durban, 4001; Green copy to Provincial Association; White copy is retained by Club)

**A. Active** which includes all members who are:

Administrators, Competitors, Coaches, Duty Members, Examiners/ Assessors, Nippers, Probationary, Instructors, Office Bearers, Technical Officials, Active Life Members, Active Honorary, other  
Active members not already defined

**B. Inactive** which includes all members who are:

1. Micro Nipper, 2. Life, 3. Honorary,
4. Other, not already defined

MEMBERSHIP		MALES				FEMALES			
A.	Active	B	C	A	W	B	C	A	W
1	No of Juniors without award								
2	No of Juniors with award								
3	No of Seniors without award								
4	No of Seniors with award								
5	No of Nipper Members without award								
6	No of Nipper Members with award								
	<b>SUB TOTAL</b>	0	0	0	0	0	0	0	0
<b>B.</b>	<b>Inactive</b>								
1	Micro Nippers								
2	Inactive with award								
3	Inactive without award								
	<b>TOTAL</b>	0	0	0	0	0	0	0	0

RESCUES		
1	Help outs & Torpedo buoy	
2	With Line & Belt	
3	Board / ski	
4	Boat / IRB	
5	Spinal Management	
6	Resuscitation / CPR	
	<b>THIS MONTH'S TOTAL</b>	0
	Add : Clubs previous grand total	
	<b>GRAND TOTAL (Since Club started)</b>	0

DUTY MEMBERS DETAILS		
	Number of Duty Days	
	Total number of Duty members	

**NEW MEMBERS** (If more than 5 New Members, please use another page and attach it to this form accordingly)

Full Name	Date Joined	Membership category	Previous Club	Award	Clearance

**MEMBERS LEAVING** (If more than 5 Members Leaving, please use another page and attach it to this form accordingly)

Full Name	Date Left	Membership category	Reason	Award	Clearance

**CLUB OFFICIALS**

	Name	Address	Telephone
Chairman			
Captain			
Secretary			
Club Address			

**SUMMARY OF MONTH'S FIRST AID REGISTER**

No. of Patients Treated	Cuts and Abrasions
	Fractures and Sprain
	Sunburn
	Stings (Marine/ insect etc)
	**Other (please specify)
** Description of other Treatment administered	

Note: If CPR is administered please complete and submit a resuscitation report

Report compiled by: (Print Name) \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_ Contact Number: \_\_\_\_\_