

## **LIFESAVING SOUTH AFRICA**

## **ANNUAL RETEST**

CLUB			
YFAR			

## **SURF / OPEN WATER / POOL**

(delete as necessary)

	One	NB: The wearing of gloves a					nd the use of BVM is compulsory  ADDITIONAL				
CLEAR PRINTED NAMES AS PER ID				ALL JLA &			۸۷۱۸	ADDITION	COMPETENT		
DATE	SURNAME	FIRST NAME	CLUB	LA / JLA. QC / JQC	SIGNALS	CPR	SWIM	RESCUE WITH	THEORY	%	YES / NO
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