

Lifeguard Contract Provider Agreement



Event information

Division/school: _____

Date of event: _____ Location: _____

Start time: _____ End time: _____

Details of event: _____

Supervising division employee: _____

Expectations of division: (e.g. provides first aid kit): _____

Expectations of lifeguard provider/duties and responsibilities: _____

Amount paid to lifeguard provider: \$ _____

Lifeguard provider information:

Name: _____

Address: _____

Phone number: _____

Qualifications/certificates (must be current/valid): _____

Social Insurance Number: _____

Print Name

Signature

Date