Lifeguard Contract Provider Agreement



Event information

CLEAR FORM

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**

MPASS Manitoba Physical Activity Safety in Schools

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