

## LIFESAVING SPORT RECORD APPLICATION

Please complete all *UNSHADED areas*.

Competition name:				
From date:		To date:		
Name of pool:		City		
Host club of affiliate:		Province		
Meet Manager:				
name		Email	Phone	
25M or 50 M	☐ Male or ☐ Female	Age group or Senior or	Masters	
Competitor's name	Birth date Affiliate/Club YYMMDD	Distance Event	Record	Official time
			Prov:	
			☐ Cdn	
			☐ Prov: ☐ Cdn	
			Prov:	
			☐ Cdn	
			☐ Prov: ☐ Cdn	
For relays, list all competitors	names and hirth dates, and use	a separate application form for each relay to	<del></del>	
		er lane are required to set a record.	, am.	
		performance of the applicant(s). We confirm ociety rules and regulations relating to the es		
Na	me (print)	Signature I	Phone	
Meet referee				
Head scorer				
Chief finish judge				
Instructions:				
Compile the following do	cumentation. All three compone	nts are required for record approval.		
			NSO or PSO	
Commoditive Life en	via - December Application forms com	uniakad in Edil Jankadina alamakana	Date confirmed	Initials
Competitive Lifesaving Record Application form completed in full, including signatures.				
Copy of official results for the event in which the record was established.				
Proof of time - copy of electronics tape/report, or if using certified timers, copy of the deck card.				
	ward the documentation to: Cana will be sent to the appropriate Pro	adian Records, c/o Lifesaving Society, 400 Covincial Branch.	Consumers Rd, Torc	onto, ON
3. For provincial records, fo	orward the documentation to the a	appropriate Lifesaving Society provincial bra	nch office.	
Application approval (NSO or PS	O use only)			
Name (print)	Position	Signature	Date approved	Date cert. sent