

EAST BAY REGIONAL PARK DISTRICT



Lifeguard Service

Facility: _____

Date: _____

VISITING LIFEGUARD:

- **HOURS CONFIRMATION**
- **TRAINING**

HOURS CONFIRMATION

This is to confirm that the following lifeguard worked at the above facility on the date shown for the hours noted:

Name: _____

Date: _____

Hours: _____

TRAINING CONFIRMATION *

Training Topic: _____

Total Time Training: _____

Instructor: _____

Verifying Signature: _____

Lifeguard III or person in charge