



LIFESAVING SOCIETY

The Lifeguarding Experts

2025 APPLICATION TO SANCTION COMPETITIONS

1. The Host Competition package should include this approved application.
2. Currently certified Officials must be assigned positions for Sanctioned Events. The currently certified Chief Referee and Meet Manager must be named at the time of application.
3. The Host Competition package with Schedule of Events must be received with this application.
4. The Competition Host will ensure that all competitors are affiliated with the Lifesaving Society (hold a minimum of a current Bronze Medallion or be registered in a Lifesaving Society training program).
5. Sanctioned competitions must adhere to current competition manual rules and facility safety standards.
6. Please indicate in your correspondence if you require event promotion or a Certificate of Insurance.

Name of Competition: _____

Host Club/Affiliate: _____ Meet Date: _____

Location Names & Addresses: _____

Meet Manager: _____ Certification Date: _____

Chief Referee: _____ Certification Date: _____

Application submitted by: _____ Daytime Phone Number: _____

Email Address: _____

Concussion Safety:

Designated Person 1: _____ Training Date: _____

Designated Person 2: _____ Training Date: _____

By submitting this application, I am confirming that I will ensure all athletes, applicable parents/guardians, coaches, team managers, officials and volunteers have completed the [Lifesaving Society's Concussion Safety Awareness Training and the Concussion Code of Conduct](#) within the last calendar year.

Date Submitted: _____ Applicant's Signature: _____

(For Office Use Only)

Affiliate Approval Meet Manager Approval Chief Referee Approval

Application: Approved: _____ Denied: _____

Comments: _____

Approval Date: _____ Lifesaving Society: _____

(Sport Manager or designate)

Send to: Lifesaving Society Ontario **Attention:** 2025 Sanctioned Competition **Email:** sport@lifeguarding.com



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SANCTIONED COMPETITIONS FINANCIAL REPORT

Return completed form to the Lifesaving Society office within seven (7) days of the competition.

Name of Competition: _____

Host Club/ Affiliate: _____ Meet Date: _____

Number of Competitors Participating: _____

Number of Clubs/Affiliates Participating: _____

Number of Removals from Sport that occurred: _____

Please attach a list of all Officials and Volunteers who participated in your event.

Flat rate per Competitor Fee

Number of Competitors: _____ x \$3.75 = \$ _____

Total Due \$ _____

(Price includes HST)

Return financial report with payment in full – Purchase Order, Cheque (payable to the Lifesaving Society), money order, VISA, MasterCard, or American Express – to:

Lifesaving Society

400 Consumers Road Toronto, ON M2J 1P8

Phone : 416-490-8844 Fax : 416-490-8766 Email : sport@lifeguarding.com

Invoice Cheque Credit Card

Credit Card: _____ Expiry: _____ CVV: _____

Date: _____ Signature: _____