

LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Course / Clinic _____		Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
Exam date: YY MM DD _____	Facility name (e.g., name of pool) _____								
Lifesaving Society Trainer's name _____	ID# _____								
Signature _____									
Apprentice's Name _____	ID# _____								
<input checked="" type="checkbox"/> - PASS <input checked="" type="checkbox"/> - FAIL Name/Address/Telephone/Email (<i>Please print legibly</i>) _____	Date of Birth YY MM DD _____								
<input type="checkbox"/>	/ /								
.....	Lifesaving Society ID # _____								
.....	Prerequisite(s): _____								
.....	Date earned: _____ Date earned: _____								
.....	Location: _____ Location: _____								
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