



LIFESAVING SOCIETY
The Lifeguarding Experts

Pool Attendant (2023)

Please print each candidate's name, and contact information legibly.

Date of birth	Prerequisites checked	Prerequisites										Result				
		1	2	3	4	5	6	7	8a	8b	8c		9	10		
1																
Name.....	Year	Prerequisites: 14 years										Standard First Aid				
Address.....	Month	Date earned:										Location:				
City..... Postal Code	Day															
E-mail Phone																
2																
Name.....	Year	Prerequisites: 14 years										Standard First Aid				
Address.....	Month	Date earned:										Location:				
City..... Postal Code	Day															
E-mail Phone																
3																
Name.....	Year	Prerequisites: 14 years										Standard First Aid				
Address.....	Month	Date earned:										Location:				
City..... Postal Code	Day															
E-mail Phone																
4																
Name.....	Year	Prerequisites: 14 years										Standard First Aid				
Address.....	Month	Date earned:										Location:				
City..... Postal Code	Day															
E-mail Phone																
5																
Name.....	Year	Prerequisites: 14 years										Standard First Aid				
Address.....	Month	Date earned:										Location:				
City..... Postal Code	Day															
E-mail Phone																
6																
Name.....	Year	Prerequisites: 14 years										Standard First Aid				
Address.....	Month	Date earned:										Location:				
City..... Postal Code	Day															
E-mail Phone																

Permanent cards are mailed directly to successful candidates. Please ensure addresses are legible and complete.



- Satisfactory Performance

F - Fail

Total Pass

Total Fail

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) () Telephone

Street address

City Prov. Postal code

Exam Information

Exam date: YY MM DD

Facility name (e.g., name of pool) Telephone

Instructor Information

Instructor's name ID#

E-mail address ()

Telephone Signature

Individual who examined the candidates Same as Instructor or

Examiner's name ID#

E-mail address ()

Telephone Signature