



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Community Official

(Updated 2017)

Side 1: Please print each candidate's name and contact information legibly.

Date of birth	The Lifesaving Society	Lifesaving Sport Overview	Expectations and Responsibilities	Lifesaving Sport Safety	Timer	Runner	Equipment Crew	Marshall	Announcer	Tabulator – Emergency Response	Recorder – Open Water	Result
	1	2	3	4	5a	5b	5c	5d	5e	5f	5g	
<b>1</b> Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												
<b>2</b> Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												
<b>3</b> Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												
<b>4</b> Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												
<b>5</b> Name _____ Address _____ Apt# _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												

Check box if there are more candidates on the reverse side of this page. This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

- Satisfactory Performance    **F** - Fail    Total Pass for Exam     Total Fail for Exam

<b>Instructor information</b> Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	<b>Exam information</b> Exam date: _____ Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
<b>Awards information</b> <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued <b>Payment information</b> <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: _____ Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____	<b>This section to be completed by the Officials Instructor who examined the candidates.</b> Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature required _____



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# Community Official

(Updated 2017)

Side 2: Please **print** each candidate's name and contact information legibly.

Date of birth	The Lifesaving Society	Lifesaving Sport Overview	Expectations and Responsibilities	Lifesaving Sport Safety	Timer	Runner	Equipment Crew	Marshall	Announcer	Tabulator – Emergency Response	Recorder – Open Water	Result
	1	2	3	4	5a	5b	5c	5d	5e	5f	5g	
<b>6</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												
<b>7</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												
<b>8</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												
<b>9</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												
<b>10</b> Name _____ Address _____ Apt # _____ City _____ Postal Code _____ E-mail _____ Phone _____ Year _____ Month _____ Day _____												

Check box if there are more candidates on the reverse side of this page.  
This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

- Satisfactory Performance **F** - Fail  
 Total Pass for Exam  Total Fail for Exam

Host name (Affiliate) \_\_\_\_\_ ( ) Telephone \_\_\_\_\_

**Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet.** Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

**Exam information**

Exam date: \_\_\_\_\_ Exam is:  Original **OR**  Recert  
 YY MM DD ( )

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

**This section to be completed by the Officials Instructor who examined the candidates.**

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Telephone \_\_\_\_\_ Signature required \_\_\_\_\_