



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Pool Official

(Updated 2017)

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

Date of birth	Prerequisites	1	2	3	4	5	6a	6b	6c	6d	6e	6f	6g	6h	6i	6j	Result	
																		The Lifesaving Society
1 Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day	Prerequisites																	
	Prerequisites Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																	
	2 Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day	Prerequisites																
		Prerequisites Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																
		3 Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day	Prerequisites															
Prerequisites Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																		
4 Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day			Prerequisites															
	Prerequisites Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																	
	5 Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year Month Day		Prerequisites															
		Prerequisites Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																

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: ____ YY ____ MM ____ DD    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>This section to be completed by the Officials Instructor who examined the candidates.</b> Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature required _____	
<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 _____			



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# Pool Official

(Updated 2017)

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

			Date of birth												Result			
			Prerequisites															
			1	2	3	4	5	6a	6b	6c	6d	6e	6f	6g	6h	6i	6j	
			The Lifesaving Society	Lifesaving Sport Overview	Expectations and Responsibilities	Lifesaving Sport Safety	Competition Manuals	Clerk of Course	Chief Timer	Starter	Lane Judge	Turn Judge	Finish Judge	Chief Finish Judge	Scorer	Safety Officer	Equipment Crew Chief	
6	Name	Year																
	Address Apt #	Month																
	City Postal Code	Day																
	E-mail Phone	Prerequisites		Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____														
7	Name	Year																
	Address Apt #	Month																
	City Postal Code	Day																
	E-mail Phone	Prerequisites		Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____														
8	Name	Year																
	Address Apt #	Month																
	City Postal Code	Day																
	E-mail Phone	Prerequisites		Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____														
9	Name	Year																
	Address Apt #	Month																
	City Postal Code	Day																
	E-mail Phone	Prerequisites		Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____														
10	Name	Year																
	Address Apt #	Month																
	City Postal Code	Day																
	E-mail Phone	Prerequisites		Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____														

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 _____	<b>Exam information</b> Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert 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 _____

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.