



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		Date of Birth YY MM DD							
Signature									
Apprentice's Name		ID#							
<input checked="" type="checkbox"/> - PASS <input checked="" type="checkbox"/> - FAIL Name/Address/Telephone/Email ( <i>Please print legibly</i> )									
<input type="checkbox"/>	/ /								
Lifesaving Society ID #									
Prerequisite(s):									
Date earned:									
Location:									
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Lifesaving Society ID #									
Prerequisite(s):									
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