

Aquatic Master Sheet FOR USE WITH THE "OLD" LEADERSHIP PROGRAM

Page 1 of ____

Coach Level 1	Pool Operator Instructor	Δ Α
Coach Level 2	Aquatic Safety Auditor Instructor	🗆 S

Aquatic Safety Inspector Instructor

SEE Auditor Instructor

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Host name (Affiliate) Telephone		Affiliate	Contact Persor	n			Telephone			
							()			
Exam date: YY MM DD		Email								
Street address		All can	All candidates shown as passed have completed all items to the required standard.							
City Prov. Postal code		de Lifegovi	Lifesaving Society Trainer's name ID#							
		Lilesavi	Litesaving Society Trainer's name							
Facility name (e.g., name of pool) Telephone			Email address							
Payment information Exam fees attached Exam fees not attached			() Telephone Signature							
P - Pass F - Fail TOTAL TOTAL ENROLLED PASS	TOTAL FAIL	Data of Pirth	Prerequisites checked	Teaching	Evaluating	Knowledge	Leadership	Safety supervision	ult	
		Date of Birth	Prer	Tea	Eval	Kno	Lea	Safe	Result	
1		Lifesaving Society ID #	_							
Prereauis		Prerequisite(s):	isite(s):							
		Date earned:	ed:				Date earned:			
2	L	Location:				Location:				
		Lifesaving Society ID #	_							
			isite(s):							
Date earne Location:		Date earned: Location:	ed:			Date earned:				
3										
		Lifesaving Society ID #								
		Prerequisite(s):			I	I			I	
		Date earned:	d:			Date earned:				
Location:			Location:							

Prerequisites checked Safety supervision P - Pass F - Fail Knowledge l Leadership l Evaluating Teaching Result Date of Birth YY MM DD Name/Address/Telephone/Email (Please print legibly) 1 1 Lifesaving Society ID # Prerequisite(s): Date earned: _ Date earned: Location: Location: 1 Ι Lifesaving Society ID # Prerequisite(s): Date earned: Date earned: Location: Location: 1 / Lifesaving Society ID # Prerequisite(s): Date earned: Date earned: Location: Location: / / Lifesaving Society ID # Prerequisite(s): Date earned: Date earned: Location: Location: 1 1 Lifesaving Society ID # Prerequisite(s): Date earned: . Date earned: Location: Location: / 1 Lifesaving Society ID # Prerequisite(s): Date earned: Date earned: Location: Location: