6							su						
LIFESAVING SOCIETY The Lifeguarding Experts			ociety	upervisor		ent	Safety Supervision in Programs and Services	Managing Your Aquatic Team	ament	onse –	Evaluation and Opportunities		
		key	ving Sc	of the S	le Wate	nagem)ervisio, ces	Your A	Engage	y Respo	and Op		
Aquatic Supervisor		Prerequisites checked	The Lifesaving Society	The Role of the Supervisor	Rules of the Water	Facility Management	Safety Supervis and Services	Managing	Customer Engagement	Emergency Response as a Supervisor	Evaluation		
Side 1: Please record each candidate's name and contact information accurately.	Date of birth	rerequi	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Result	
1 Name													
.Address	Year Month	Decer											
CityPostal Code E-mail Phone	Day			National Life	guard Dat structor Dat			Location					
2 Name	Year												
Address	Month	Prere	equisites:										
CityPostal Code E-mail Phone	 Day		1	National Life	guard Dat structor Dat			Location					
3 .Name	Year												
Address	Month	Prere	equisites:										
E-mail Phone	Day	□s		Vational Life Lifesaving In	guard Dat structor Dat			Location					
4 .Name	Year												
Address	Month	Prere	equisites:	l National Life	uuard Dat	e earned [.]		Location	n.				
E-mail Phone 5	Day	□s			structor Dat			Location					
Name	Year												
City	Month			I National Life		e earned:		Locatio	n:	L	L		
E-mail Phone	Day	□ S	wim or L	ifesaving In	structor Dat	e earned:		Location	n:			<u> </u>	
Name	Year												
City	Month			National Life		e earned:		Location				·	
E-mail Phone Check box if there are more candidates on the r	Day				structor Dat		xe X-F	Location	Pass		al Fail		
This test sheet is Page of Pages. Invoicing Information				-	- Salislacion			all for E	Exam	for	Exam		
(Instructor's name ID#											
Host name (Affiliate or Organization paying the exam fees) Telephone					E-mail address								
Street address		() Telephone Signature											
City Prov. Postal code Exam Information					Individual who examined the candidates Same as Instructor or								
					Examiner's name ID#								
Exam date: YY MM DD	,)		—— E	-mail address	3							
Facility name (e.g., name of pool)	Telepho	né			elephone				Sign	ature			

6							sm	6					
LIFESAVING SOCIETY The Lifeguarding Experts			ociety	The Role of the Supervisor		ent	Safety Supervision in Programs and Services	Managing Your Aquatic Team	ement	onse –	Evaluation and Opportunities		
			ving Sc	f the S	e Wate	nagem	ervisio čes	Your A	Engage	' Resp. rvisor	and O		
Aquatic Supervisor		Prerequisites charkou	The Lifesaving Society	he Role o	Rules of the Water	Facility Management	Safety Supervis and Services	anaging \	Customer Engagement	Emergency Response as a Supervisor	valuation		
Side 2: Please record each candidate's	Date of birth	erequis	Unit 1	Unit 2	Unit 3	Unit 4	တိုလ် Unit 5	≥ Unit 6	O Unit 7	ىت ھ Unit 8	ىت Unit 9	Result	
name and contact information accurately.	De	٦ ط											
Name	Year												
Address	Month	Prere	equisites:							<u> </u>			
E-mail Phone	Day	□s		National Life Lifesaving In:				Location Location					
8 Name													
Address	Year												
City	Month	Prere	equisites:	National Life	uard Da	te earned:		Location		<u> </u>	<u>I</u>		
E-mail Phone	Day	□s		Lifesaving In:				Location					
9 Name													
Address	Year												
CityPostal Code	Month			National Life		te earned:		Location	ו:				
E-mail Phone	Day		wim <i>or</i> 🔲 I	Lifesaving In	structor Da	te earned:		Locatior	ו:			<u> </u>	
10 Name	Year												
Address	Month												
CityPostal Code				National Life									
E-mail Phone 11	Day		wim or 🔲 I	Lifesaving In:	structor Da	te earned:		Locatior	1:				
Name	Year												
Address	Month	Preri	equisites:										
CityPostal Code			·	National Life Lifesaving In:		te earned:		Locatior					
E-mail Phone 12	Day								·			$\overline{\top}$	
.Name	Year												
Address	Month	Prer	equisites:							<u> </u>		<u> </u>	
E-mail Phone	 Day		·	National Life Lifesaving In:		te earned: te earned:		Location					
13	Buy								<u></u>			T	
Name	Year												
City Postal Code	Month	Prere	equisites:	Nette set 115				1		<u> </u>	<u> </u>	<u> </u>	
E-mail Phone	Day	□s		National Life Lifesaving In:		te earned: te earned:		Location Location					
Check box if there are more candidates on the reverse side of this This is Page of Pages.				nge. 🖌 .	- Satisfactor	y Performanc	e X-Fa	Total P ail for Ex			al Fail Exam		
Please complete all sections on Side 1 of test sl	neet. H	ost, ex	xam inform										
Invoicing Information					Individual who examined the candidates Same as Side 1 (sign below) or								
Host name (Affiliate or Organization paying the exam fees)					Examiner's name ID#								
Exam Information				E- (E-mail address								
Exam date:YY MM DD					lephone				Signa	ature			

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. Retain one copy for your records. Do not send cash by mail.