



LIFESAVING SOCIETY  
The Lifeguarding Experts

# National Lifeguard: Waterpark (Revised 2004)

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

1	2	3	4	5	6	Date of birth	Gender	Prerequisites checked	Waterpark analysis	Slides	River rides	Wave pools	Waterpark orientation	Entries and removals	Waterpark search: missing person	Spinal injury	Waterpark emergencies: slide rescue	Waterpark lifeguarding situations	Result
									*1	*2	*3	*4	*5	*6	*7	*8	9	10	
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ <b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ <b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ <b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ <b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ <b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ <b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										

\* Items are instructor evaluated

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

### Instructor information

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Awards information**  Awards issued by affiliate  Awards not issued

**Payment information**  Exam fees attached  Exam fees not attached

Send invoice or receipt to: \_\_\_\_\_  
 Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

### Exam information

Exam date: \_\_\_\_\_ Exam is:  
 \_\_\_\_\_ YY MM DD  Original OR  Recert  
 Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**This section to be completed by the NLS Examiner who examined the candidates.**

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Signature \_\_\_\_\_



LIFESAVING SOCIETY  
The Lifeguarding Experts

## National Lifeguard: Waterpark (Revised 2004)

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

7	8	9	10	11	12	Prerequisites checked	Waterpark analysis	Slides	River rides	Wave pools	Waterpark orientation	Entries and removals	Waterpark search: missing person	Spinal injury	Waterpark emergencies: slide rescue	Waterpark lifeguarding situations	Result
							*1	*2	*3	*4	*5	*6	*7	*8	9	10	
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							* Items are instructor evaluated										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							<b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							<b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							<b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							<b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							<b>Prereq.:</b> Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance **F** - Fail Total Pass for Exam  Total Fail for Exam   
 This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

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:  
 YY MM DD  Original **OR**  Recert  
 Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_  
**This section to be completed by the NLS Examiner who examined the candidates.**  
 Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Signature \_\_\_\_\_