



LIFESAVING SOCIETY
The Lifeguarding Experts

Wading Pool Attendant

Please print each candidate's name, and contact information

Date of birth	Prerequisites checked	Responsibilities of a wading pool attendant	Risk management	Health regulations and guidelines	Documentation	Water chemistry	Public relations, education and communication	Emergency procedures	Safety supervision	Spinal	Rescues and first aid	Result
	1	2	3	4	5	6	7	8	9	10		
1 Name Address City Postal Code E-mail Phone												
Year	Prerequisites: 14 years Bronze Medallion or Emergency First Aid or Senior RA earned:											
Month	Date: Location:											
Day												
2 Name Address City Postal Code E-mail Phone												
Year	Prerequisites: 14 years Bronze Medallion or Emergency First Aid or Senior RA earned:											
Month	Date: Location:											
Day												
3 Name Address City Postal Code E-mail Phone												
Year	Prerequisites: 14 years Bronze Medallion or Emergency First Aid or Senior RA earned:											
Month	Date: Location:											
Day												
4 Name Address City Postal Code E-mail Phone												
Year	Prerequisites: 14 years Bronze Medallion or Emergency First Aid or Senior RA earned:											
Month	Date: Location:											
Day												
5 Name Address City Postal Code E-mail Phone												
Year	Prerequisites: 14 years Bronze Medallion or Emergency First Aid or Senior RA earned:											
Month	Date: Location:											
Day												
6 Name Address City Postal Code E-mail Phone												
Year	Prerequisites: 14 years Bronze Medallion or Emergency First Aid or Senior RA earned:											
Month	Date: Location:											
Day												

Permanent cards are mailed directly to successful candidates.
Please ensure addresses are legible and complete.



- Satisfactory Performance



- Fail

Total Pass

Total Fail

Instructor information

Instructor's name _____ ID# (optional) _____
 E-mail address _____
 Telephone _____ Signature _____

Exam information

Exam date: _____
 YY MM DD () _____
 Facility name (e.g., name of pool) _____ Telephone _____

Awards information Awards issued by affiliate Awards not issued

This section to be completed by the Wading Pool Attendant Instructor or Lifesaving Instructor who examined the candidates.

Payment information Exam fees attached Exam fees not attached

Examiner's name _____ ID# (optional) _____

Send invoice or receipt to:

E-mail address _____

Host name (Affiliate) _____ Telephone _____

Street address _____

() _____
 Telephone _____ Signature _____

City _____ Prov. _____ Postal code _____