



LIFESAVING SOCIETY

The Lifeguarding Experts

LIFESAVING SPORT TRAINING RECORD – OFFICIALS

Official Level 2

Official Level 3

Last Name		First Name		Birth Date YY/MM/DD	
Permanent Address					
City		Province	Postal Code		Lifesaving Society ID # (If Known)
Home Phone #	Business Phone #		E-mail address		

1. Prerequisite The prerequisite for Official Level 2 is Official Level 1. The prerequisite for Official Level 3 is Official Level 2.

Official Level 1 certification date: _____ Official Level 2 certification date: _____

2. Officials Course

I certify that the individual identified above has successfully completed the Officials course.

Course Trainer: _____ Lifesaving Society ID #: _____

Course Location: _____ Course Date: _____

Officials Trainer Signature: _____

3. Competition Experience

Role 1 - I certify that the individual identified above has been successfully evaluated in this role.

Role: _____

Location: _____ Competition Date: _____

Referee/Meet Mgr. _____ ID # _____ Tel # _____
Print Name Signature

Role 2 - I certify that the individual identified above has been successfully evaluated in this role.

Role: _____

Location: _____ Competition Date: _____

Referee/Meet Mgr. _____ ID # _____ Tel # _____
Print Name Signature

Role 3 - I certify that the individual identified above has been successfully evaluated in this role.

Role: _____

Location: _____ Competition Date: _____

Referee/Meet Mgr. _____ ID # _____ Tel # _____
Print Name Signature

4. Certification

When all above areas are complete, send this training record to the Lifesaving Society, 400 Consumers Road, Toronto, Ont. M2J 1P8.

Council Chair Approval _____ Date _____
Print Name Signature