LIFESAVING SOCIETY
The Lifeguarding Experts

LIFESAVING SPORT TRAINING RECORD – REFEREES & MEET MANAGERS

❑ Referee/Meet Manager Level 2 ❑ Referee/Meet Manager 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 Referee/Meet Manager Level 2 is Referee/Meet Manager Level 1.

The prerequisite for Referee/Meet Manager Level 3 is Referee/Meet Manager Level 2.

❑ Referee/Meet Manager Level 1 certification date: _____ ❑ Referee/Meet Manager Level 2 certification date: _____

2. Referee/Meet Manager Course

I certify that the individual identified above has successfully completed the Referee/Meet Manager 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: _____ (Level 3 indicate Open Water or Pool)

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: _____ (Level 3 indicate Open Water or Pool)

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: _____ (Level 3 indicate Open Water or Pool)

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

400 Consumers Road, Toronto, Ontario M2J 1P8
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