



LIFESAVING SOCIETY

The Lifeguarding Experts

LIFESAVING SPORT REFEREE / MEET MANAGER TRAINER TRAINING RECORD

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

1. Prerequisites

Referee/Meet Manager Level 2 – appointment date _____

2. Trainer Clinic

I certify that the individual identified above has successfully completed a Lifesaving Society Instructor Trainer course and has been successfully evaluated on Leadership, Participation, Preparation, Evaluation, and Use of Resources.

Clinic Provincial Trainer: _____ Lifesaving Society ID #: _____

Clinic Location: _____ Clinic Date: _____

Provincial Trainer Signature: _____ Phone : _____

3. Apprenticeship Experiences (This must be done with a current experienced Officials Trainer.)

Course Content Areas	Teaching	Evaluating	Knowledge	Management	Date	Trainer Signature & ID #
About the Lifesaving Society						
Roles & Responsibilities						
Referee/Meet Mgr Award						
Referee/Meet Mgr Course						
Referee/Meet Mgr Course Management						
Teach Referee/Meet Mgr Candidates						
Evaluating Referee/Meet Mgr Candidates						

Dear Trainer (s): Each topic should not be signed until all four evaluation areas are checked (3). Your signature indicates that the apprentice is capable of preparing and presenting the content area successfully, without supervision. Please use these charts to assist with your evaluation of and feedback to your assistant. (See Section 1 Unit 3, p. 64, Notes for Instructor Trainers.) Please give the apprentice direct feedback on each area and for every apprenticeship experience.

Specific Apprentice Skills	Date	Trainer Signature & Phone #
Leadership		
Attend a Full Course		
Plan a Full Course Schedule		
Evaluation		
Use of Resources		
Safety Supervision		

4. Council Chair Approval

When all above areas are complete, send this Training Record with the \$23 certification fee to the Lifesaving Society, 400 Consumers Road, Toronto, Ont. M2J 1P8.

Council Chair Approval: _____ Date _____