



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Boat Rescue

(Revised 2013)

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

Date of birth	Self-rescue						Rescues			Result
	Knowledge	Don PFD or lifejacket	HELP & Huddle positions	Remove clothing	Tread or survival float – 3 min.	Reaching & throwing assists	Rescue of non-breathing victim	Rescue of a person overboard	Rescue of an unconscious victim	
	1	2a	2b	2c	2d	3	4	5	6	
<b>1</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>2</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>3</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>4</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>5</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>6</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										

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 \_\_\_\_\_

**Exam information**

Exam date: \_\_\_\_ YY \_\_\_\_ MM \_\_\_\_ DD    Exam is:  Original **OR**  Recert

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

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

Send invoice or receipt to: \_\_\_\_\_ ( ) \_\_\_\_\_

Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

**This section to be completed by the Boat Rescue Instructor who examined the candidates**

Name \_\_\_\_\_ ID# (optional) \_\_\_\_\_

E-mail address \_\_\_\_\_ ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Boat Rescue

(Revised 2013)

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

Date of birth	Self-rescue						Rescues			Result
	Knowledge	Don PFD or lifejacket	HELP & Huddle positions	Remove clothing	Tread or survival float – 3 min.	Reaching & throwing assists	Rescue of non-breathing victim	Rescue of a person overboard	Rescue of an unconscious victim	
	1	2a	2b	2c	2d	3	4	5	6	
<b>7</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>8</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>9</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>10</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>11</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										
<b>12</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....										

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

Host name (Affiliate) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone \_\_\_\_\_

Please complete Instructor and Payment information sections on Side 1 of the 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: \_\_\_\_\_ YY MM DD    Exam is:  Original **OR**  Recert

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**This section to be completed by the Boat Rescue Instructor who examined the candidates**

Name \_\_\_\_\_ ID# (optional) \_\_\_\_\_

E-mail address \_\_\_\_\_

( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_