RESET

LIFESAVING SOCIETY
The Lifeguarding Experts

Learn. Teach. Lead. Inspire.
LIFESAVING SOCIETY

New Leadership Master Sheet

FOR USE WITH THE NEW LEADERSHIP PROGRAM STARTING JANUARY 2018

- ☐ Assistant Instructor
- ☐ Swim Instructor
- ☐ Lifesaving Instructor
- ☐ First Aid Instructor
- ☐ National Lifeguard Instructor
- ☐ Officials Instructor
- ☐ Aquatic Management Instructor
- ☐ Examiner
- ☐ Trainer
- ☐ Swim Instructor Update Clinic
- ☐ Inclusion Clinic
- ☐ In-Person Recertification
- ☐ Emergency First Aid Instructor Transition Course
- ☐ Other:_____

Host name (Affiliate) ( ) Telephone

Exam date: _____ YY MM DD

Street address

City Prov. Postal code

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

Payment information ☐ Exam fees attached ☐ Exam fees not attached

Affiliate Contact Person ( ) Telephone

Email

All candidates shown as passed have completed all items to the required standard.

Lifesaving Society Trainer's name ID#

Email

( ) Telephone Signature

Apprentice's Name ID#

( ) Telephone

✓ - PASS X - FAIL

TOTAL ENROLLED _____ TOTAL PASS _____ TOTAL FAIL _____

Name/Address/Telephone/Email (***Please print legibly***)	Date of Birth YY MM DD	Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
1	/ /								
	Lifesaving Society ID #								
	Prerequisite(s): _____ _____								
	Date earned: _____ Location:	Date earned: _____ Location:							
2	/ /								
	Lifesaving Society ID #								
	Prerequisite(s): _____ _____								
	Date earned: _____ Location:	Date earned: _____ Location:							
3	/ /								
	Lifesaving Society ID #								
	Prerequisite(s): _____ _____								
	Date earned: _____ Location:	Date earned: _____ Location:							

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LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Course / Clinic

Exam date: ____/____/____ (YY MM DD)

Facility name (e.g., name of pool)

Lifesaving Society Trainer's name ID#

Signature

Apprentice's Name ID#

✓ - PASS X - FAIL

Name/Address/Telephone/Email (***Please print legibly***)

Date of Birth (YY MM DD)

	Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
4								
5								
6								
7								
8								
9								

For each row:

Lifesaving Society ID #

Prerequisite(s): _____ _____

Date earned: _____ Date earned: _____

Location: Location:

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