



LIFESAVING SOCIETY
The Lifeguarding Experts

Aquatic Supervisor

(Revised 2022)

Side 1: Please record each candidate's name and contact information accurately.

Date of birth	Prerequisites checked									Result
	The Lifesaving Society	The Role of the Supervisor	Rules of the Water	Facility Management	Safety Supervision in Programs and Services	Managing Your Aquatic Team	Customer Engagement	Emergency Response – as a Supervisor	Evaluation and Opportunities	
	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	

1 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
2 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
3 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
4 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
5 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
6 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance - Fail

Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

Invoicing Information Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____	Instructor Information Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____
Exam Information Exam date: _____ YY MM DD Facility name (e.g., name of pool) _____ Telephone _____	Individual who examined the candidates Same as Instructor <input type="checkbox"/> or Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____



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Aquatic Supervisor

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Side 2: Please record each candidate's name and contact information accurately.

Date of birth	Prerequisites checked	The Lifesaving Society	The Role of the Supervisor	Rules of the Water	Facility Management	Safety Supervision in Programs and Services	Managing Your Aquatic Team	Customer Engagement	Emergency Response – as a Supervisor	Evaluation and Opportunities	Result												
		Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9													
7 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....																						
												Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____											
												8 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....										
9 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....																						
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11 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....																						
												12 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....										
13 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....																						

Check box if there are more candidates on the reverse side of this page. This is Page _____ of _____ Pages. - Satisfactory Performance - Fail Total Pass for Exam Total Fail for Exam

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

Invoicing Information Host name (Affiliate or Organization paying the exam fees) _____ Exam Information Exam date: ____ YY ____ MM ____ DD	Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ (_____) Telephone _____ Signature _____
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