



LIFESAVING SOCIETY
The Lifeguarding Experts

Aquatic Manager

(Revised 2022)

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

Date of birth

The Lifesaving Society

Aquatics: Rules Rule

Aquatic Facility Management

Aquatics: Key Players

Developing Your Aquatic Team

Oversight: Safety Supervision in the Aquatic Environment

Developing Aquatic Programs and Services

Aquatic Manager's Role in Aquatic Emergencies

Evaluation and Opportunities

Unit 1 Unit 2 Unit 3 Unit 4 Unit 5 Unit 6 Unit 7 Unit 8 Unit 9

Result

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6 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. - 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 _____

Individual who examined the candidates Same as Instructor or

Exam Information

Exam date: _____

YY MM DD

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

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



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			Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Result
7 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year.....											
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13 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year.....											
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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.

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