



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

|   |       |  |  |  |  |  |  |  |  |  |
|---|-------|--|--|--|--|--|--|--|--|--|
| <b>1</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year  |  |  |  |  |  |  |  |  |  |
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| <b>2</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year  |  |  |  |  |  |  |  |  |  |
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| <b>3</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year  |  |  |  |  |  |  |  |  |  |
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| <b>4</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year  |  |  |  |  |  |  |  |  |  |
|   | Month |  |  |  |  |  |  |  |  |  |
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| <b>5</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year  |  |  |  |  |  |  |  |  |  |
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| <b>6</b><br>Name.....<br>Address.....<br>City..... Postal Code.....<br>E-mail..... Phone..... | Year  |  |  |  |  |  |  |  |  |  |
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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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Result

|   |            |  | Unit 1 | Unit 2 | Unit 3 | Unit 4 | Unit 5 | Unit 6 | Unit 7 | Unit 8 | Unit 9 | Result |
|---|------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 7<br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone.....  | Year.....  |  |        |        |        |        |        |        |        |        |        |        |
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| 8<br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone.....  | Year.....  |  |        |        |        |        |        |        |        |        |        |        |
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| 9<br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone.....  | Year.....  |  |        |        |        |        |        |        |        |        |        |        |
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| 10<br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....  |  |        |        |        |        |        |        |        |        |        |        |
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| 11<br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....  |  |        |        |        |        |        |        |        |        |        |        |
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| 12<br>Name.....<br>Address.....<br>City.....Postal Code.....<br>E-mail.....Phone..... | Year.....  |  |        |        |        |        |        |        |        |        |        |        |
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| 13<br>Name.....<br>Address.....<br>City.....Postal Code.....<br>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><b>Invoicing Information</b></p> <p>Host name (Affiliate or Organization paying the exam fees) _____</p> <p><b>Exam Information</b></p> <p>Exam date:    YY    MM    DD</p> | <p><b>Individual who examined the candidates</b>    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> |
|--|---|