



**LIFESAVING SOCIETY**  
The Lifeguarding Experts

# Waterpark Attendant

(2024)

Please print each candidate's name, and contact information legibly.

Date of birth	Prerequisites checked	Prerequisites													Result				
		1	2	3a	3b	4	5	6	7a	7b	7c	8	9	10		11	12	13	
<b>1</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																			
Year..... Month..... Day.....	Prerequisites: 14 years of age and Emergency First Aid certification earned:																		
	Date earned:								Location:										
<b>2</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																			
Year..... Month..... Day.....	Prerequisites: 14 years of age and Emergency First Aid certification earned:																		
	Date earned:								Location:										
<b>3</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																			
Year..... Month..... Day.....	Prerequisites: 14 years of age and Emergency First Aid certification earned:																		
	Date earned:								Location:										
<b>4</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																			
Year..... Month..... Day.....	Prerequisites: 14 years of age and Emergency First Aid certification earned:																		
	Date earned:								Location:										
<b>5</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																			
Year..... Month..... Day.....	Prerequisites: 14 years of age and Emergency First Aid certification earned:																		
	Date earned:								Location:										
<b>6</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																			
Year..... Month..... Day.....	Prerequisites: 14 years of age and Emergency First Aid certification earned:																		
	Date earned:								Location:										

Permanent cards are mailed directly to successful candidates. Please ensure addresses are legible and complete.

- Satisfactory Performance   
  - Fail   
 Total Pass    
 Total Fail

**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 Lifesaving Instructor who examined the candidates.**

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_

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

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

**Exam information**

Exam date:    YY    MM    DD

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