



Waterfront

(Revised 2024)

This test sheet for original exam candidates only.

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

*Items are instructor evaluated

Lifeguarding theory & practice

Waterfront facility analysis

Rescue aid proficiency

Entries & removals

Skin diving skills

Rescue drill

Use of rescue craft

Sprint challenge

Endurance challenge

Lifeguard communication

Positioning & rotation

Scanning & observation

Prevention & intervention

Missing person

Mgmt: distressed or drowning victim

Mgmt: submerged, non-breathing victim

Mgmt: spinal-injured victims

Mgmt: injured victim

Lifeguard situation: single guard

Lifeguard situations: team

Result

1

Name

Gender ☐ M ☐ F ☐ X

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

Bronze Cross

Date Earned: _____ Location: _____

Standard First Aid

Date Earned: _____ Location: _____

2

Name

Gender ☐ M ☐ F ☐ X

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

Bronze Cross

Date Earned: _____ Location: _____

Standard First Aid

Date Earned: _____ Location: _____

3

Name

Gender ☐ M ☐ F ☐ X

D.O.B. (YY/MM/DD) Phone

Address Province

City Postal Code

Email

Prerequisites checked: ☐

Bronze Cross

Date Earned: _____ Location: _____

Standard First Aid

Date Earned: _____ Location: _____

☐ Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

☒ – Satisfactory Performance
☐ – Fail

Total Pass
for Exam

Total Fail
for Exam

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) () Telephone

Street address

City Prov. Postal Code

Exam Information

Exam Date: _____
YY MM DD

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

Instructor Information

Instructor's name ID#

E-mail address

() Telephone Signature

Individual who examined the candidates Same as instructor ☐ or

Examiner's name ID#

E-mail address

() Telephone Signature

Individual who apprenticed on the exam Same as instructor ☐ or

Apprentice's name ID#

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. **Retain one copy for your records.** Do not send cash by mail.



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

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| Lifeguarding theory & practice | Waterfront facility analysis | Rescue aid proficiency | Entries & removals | Skin diving skills | Rescue drill | Use of rescue craft | Sprint challenge | Endurance challenge | Lifeguard communication | Positioning & rotation | Scanning & observation | Prevention & intervention | Missing person | Mgmt: distressed or drowning victim | Mgmt: submerged, non-breathing victim | Mgmt: spinal-injured victims | Mgmt: injured victim | Lifeguard situation: single guard | Lifeguard situations: team | Result |
|--|------------------------------|------------------------|--------------------|--------------------|--------------|---------------------|------------------|---------------------|-------------------------|------------------------|------------------------|---------------------------|----------------|-------------------------------------|---------------------------------------|------------------------------|----------------------|-----------------------------------|----------------------------|--------|
| 1* | 2* | 3* | 4* | 5* | 6* | 7* | 8a* | 8b* | 9* | 10a* | 10b* | 10c* | 11* | 12a* | 12b* | 12c* | 12d* | 13a | 13b | |
| 4 Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____ Prerequisites checked: <input type="checkbox"/> Bronze Cross Date Earned: _____ Location: _____ Standard First Aid Date Earned: _____ Location: _____ | | | | | | | | | | | | | | | | | | | | |
| 5 Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____ Prerequisites checked: <input type="checkbox"/> Bronze Cross Date Earned: _____ Location: _____ Standard First Aid Date Earned: _____ Location: _____ | | | | | | | | | | | | | | | | | | | | |
| 6 Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____ Prerequisites checked: <input type="checkbox"/> Bronze Cross Date Earned: _____ Location: _____ Standard First Aid Date Earned: _____ Location: _____ | | | | | | | | | | | | | | | | | | | | |

☐ Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

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

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