NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Waterpark

(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

	Waterpark orientation & analysis	Lifeguarding slides	Lifeguarding river rides	Lifeguarding wave pools	Entries & removals	Sprint challenge	Object recovery	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
	1*	2*	3*	4*	5*	6a*	6b*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12	
1																			
2																			
3																			

1
Name
Gender M F X
D.O.B. (YY/MM/DD) Phone
Address Province
City Postal Code
Email

Prerequisites checked: ☐
National Lifeguard Pool Date Earned: _____ Location: _____

2
Name
Gender M F X
D.O.B. (YY/MM/DD) Phone
Address Province
City Postal Code
Email

Prerequisites checked: ☐
National Lifeguard Pool Date Earned: _____ Location: _____

3
Name
Gender M F X
D.O.B. (YY/MM/DD) Phone
Address Province
City Postal Code
Email

Prerequisites checked: ☐
National Lifeguard Pool 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** ☐

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.*

NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Waterpark

(Revised 2024)

This test sheet for original exam candidates only.

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

*Items are instructor evaluated	Waterpark orientation & analysis	Lifeguarding slides	Lifeguarding river rides	Lifeguarding wave pools	Entries & removals	Sprint challenge	Object recovery	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
	1*	2*	3*	4*	5*	6a*	6b*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12	
4																			
Name																			
Gender M F X																			
D.O.B. (YY/MM/DD) Phone																			
Address Province																			
City Postal Code																			
Email																			
	Prerequisites checked: ☐																		
	National Lifeguard Pool Date Earned: _____ Location: _____																		
5																			
Name																			
Gender M F X																			
D.O.B. (YY/MM/DD) Phone																			
Address Province																			
City Postal Code																			
Email																			
	Prerequisites checked: ☐																		
	National Lifeguard Pool Date Earned: _____ Location: _____																		
6																			
Name																			
Gender M F X																			
D.O.B. (YY/MM/DD) Phone																			
Address Province																			
City Postal Code																			
Email																			
	Prerequisites checked: ☐																		
	National Lifeguard Pool 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)

Exam Information

Exam Date: _____
YY MM DD

Individual who examined the candidates Same as Side 1 ☐ **(sign below) or**

Examiner's name ID#

E-mail address

( ) Telephone Signature

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