NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Waterpark
Recertification
(Revised 2024)

This test sheet for Recertification exam candidates only.

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

	Sprint challenge	Object recovery	Positioning & rotation	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
	6a	6b	8a	8b	11a	11b	11c	11d	12	
1 Name Gender M F X D.O.B. (YY/MM/DD) Phone Address Province City Postal Code Email										
Prerequisites checked: ☐ National Lifeguard Waterpark 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 Waterpark 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 Waterpark 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

Individual who examined the candidates

Examiner's name ID#

E-mail address

( ) Telephone Signature

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
Recertification
(Revised 2024)

This test sheet for Recertification exam candidates only.

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

	Sprint challenge	Object recovery	Positioning & rotation	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
	6a	6b	8a	8b	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 Waterpark 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 Waterpark 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 Waterpark 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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