



## Waterpark Recertification

(Revised 2025)

*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	
<b>1</b> Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____ Prerequisites checked: <input type="checkbox"/> National Lifeguard Waterpark Date Earned: _____ Location: _____										
<b>2</b> Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____ Prerequisites checked: <input type="checkbox"/> National Lifeguard Waterpark Date Earned: _____ Location: _____										
<b>3</b> Name _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____ Prerequisites checked: <input type="checkbox"/> 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

<b>Invoicing Information</b> Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal Code _____	<b>Individual who examined the candidates</b> Examiner's name _____ ID# _____ E-mail address _____ ( ) Telephone _____ Signature _____
<b>Exam Information</b> Exam Date: _____ YY MM DD Facility name (e.g. name of pool) _____ Telephone _____	<b>Individual who apprenticed on the exam</b> 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.



## Waterpark Recertification

(Revised 2025)

*This test sheet for Recertification exam  
candidates only.*

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

Sprint challenge

6a

Object recovery

6b

Positioning & rotation

8a

Scanning & observation

8b

Mgmt: distressed or drowning victim

11a

Mgmt: submerged, non-breathing victim

11b

Mgmt: spinal-injured victims

11c

Mgmt: injured victim

11d

Lifeguard situations: team

12

Result

**4**

Name

Gender ☐ M ☐ F

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

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

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  
☐ – 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 ☐ (sign below) or

Examiner's name

ID#

### Exam Information

Exam Date: \_\_\_\_\_  
YY MM DD

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.