



# NATIONAL LIFEGUARD

LIFESAVING SOCIETY

## Waterpark

Revised 2012

Side 1: Please **print** each candidate's name and contact information legibly.

1a*	1b*	2*	3*	4*	5*	6*	7a*	7b*	7c*	8*	9a*	9b*	10*	11a*	11b*	11c*	12	Result
<b>1</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Date of birth Year Month Day	Prerequisites checked Spinal carry † Approach & carry † Waterpark facility: orientation & analysis Lifeguarding slides Lifeguarding river rides Lifeguarding wave pools Lifeguard communication Scanning & observation Positioning & rotation Intervention Entries & removals Emergencies: specialized techniques Emergencies: slide rescue Search: missing person Mgmt: distressed or drowning victim † Mgmt: submerged, non-breathing victim † Mgmt: spinal-injured victim † Lifeguarding situations †															
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																		
<b>2</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Date of birth Year Month Day	Prerequisites checked Spinal carry † Approach & carry † Waterpark facility: orientation & analysis Lifeguarding slides Lifeguarding river rides Lifeguarding wave pools Lifeguard communication Scanning & observation Positioning & rotation Intervention Entries & removals Emergencies: specialized techniques Emergencies: slide rescue Search: missing person Mgmt: distressed or drowning victim † Mgmt: submerged, non-breathing victim † Mgmt: spinal-injured victim † Lifeguarding situations †															
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<b>3</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Date of birth Year Month Day	Prerequisites checked Spinal carry † Approach & carry † Waterpark facility: orientation & analysis Lifeguarding slides Lifeguarding river rides Lifeguarding wave pools Lifeguard communication Scanning & observation Positioning & rotation Intervention Entries & removals Emergencies: specialized techniques Emergencies: slide rescue Search: missing person Mgmt: distressed or drowning victim † Mgmt: submerged, non-breathing victim † Mgmt: spinal-injured victim † Lifeguarding situations †															
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																		
<b>4</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Date of birth Year Month Day	Prerequisites checked Spinal carry † Approach & carry † Waterpark facility: orientation & analysis Lifeguarding slides Lifeguarding river rides Lifeguarding wave pools Lifeguard communication Scanning & observation Positioning & rotation Intervention Entries & removals Emergencies: specialized techniques Emergencies: slide rescue Search: missing person Mgmt: distressed or drowning victim † Mgmt: submerged, non-breathing victim † Mgmt: spinal-injured victim † Lifeguarding situations †															
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Check this box if there are more candidates on the reverse side of this page.  
 This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages

- Satisfactory Performance

- Fail

Total Pass for Exam

Total Fail for Exam

**Instructor information**

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

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

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

**Exam information**

Exam date: \_\_\_\_\_ YY MM DD

Exam is:  Original **OR**  Recert

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

**Awards information**  Awards issued by affiliate  Awards not issued

**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 NLS Examiner who examined the candidates.**

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_

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

( ) \_\_\_\_\_

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

