



LIFESAVING SOCIETY
The Lifeguarding Experts

Aquatic Supervisory Training

Please print each candidate's name, and contact information

			Demonstrate an understanding of:										Result	
			Responsibilities of the aquatic supervisor	Managing risk	Facility management	Supervisory skills	Planning and organizing	Communication	Motivation	Evaluation	Providing quality service	Role of the Lifesaving Society		
Date of birth			Prerequisites checked	1	2	3	4	5	6	7	8	9	10	
1	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
			Current Lifesaving Instructor - Earned at (location): _____ Date: _____ OR Current National Lifeguard - Earned at (location): _____ Date: _____											
2	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
			Current Lifesaving Instructor - Earned at (location): _____ Date: _____ OR Current National Lifeguard - Earned at (location): _____ Date: _____											
3	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
			Current Lifesaving Instructor - Earned at (location): _____ Date: _____ OR Current National Lifeguard - Earned at (location): _____ Date: _____											
4	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
			Current Lifesaving Instructor - Earned at (location): _____ Date: _____ OR Current National Lifeguard - Earned at (location): _____ Date: _____											
5	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
			Current Lifesaving Instructor - Earned at (location): _____ Date: _____ OR Current National Lifeguard - Earned at (location): _____ Date: _____											
6	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
			Current Lifesaving Instructor - Earned at (location): _____ Date: _____ OR Current National Lifeguard - Earned at (location): _____ Date: _____											

Permanent cards are mailed directly to successful candidates.
Please ensure addresses are legible and complete.



- Satisfactory Performance



- Fail

Total Pass

Total Fail

Instructor information

Instructor's name _____ ID# (optional) _____
E-mail address _____
Telephone _____ Signature _____

Exam information

Exam date: _____
YY MM DD () _____
Facility name (e.g., name of pool) _____ Telephone _____

Awards information Awards issued by affiliate Awards not issued

This section to be completed by the Aquatic Supervisory Training Instructor who examined the candidates.

Payment information Exam fees attached Exam fees not attached

Examiner's name _____ ID# (optional) _____

Send invoice or receipt to: _____

E-mail address _____

Host name (Affiliate) _____ Telephone _____

() _____

Street address _____

Telephone _____ Signature _____

City _____ Prov. _____ Postal code _____