



LIFESAVING SOCIETY
The Lifeguarding Experts

Emergency Response Official

(Updated 2017)

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

			Date of birth	Prerequisites	The Lifesaving Society	Lifesaving Sport Overview	Expectations and Responsibilities	Lifesaving Sport Safety	Competition Manuals & Score Sheets	Starter	Water Rescue Judge	First Aid Judge	Priority Assessment Judge	Chief Finish Judge	Scorer	Safety Officer	Equipment Crew Chief	Result					
				1	2	3	4	5	6a	6b	6c	6d	6e	6f	6g	6h							
1 Name Address Apt # City Postal Code E-mail Phone	Year																						
	Month																						
	Day																						
	Prerequisites			Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																			
2 Name Address Apt # City Postal Code E-mail Phone	Year																						
	Month																						
	Day																						
	Prerequisites			Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																			
3 Name Address Apt # City Postal Code E-mail Phone	Year																						
	Month																						
	Day																						
	Prerequisites			Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																			
4 Name Address Apt # City Postal Code E-mail Phone	Year																						
	Month																						
	Day																						
	Prerequisites			Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																			
5 Name Address Apt # City Postal Code E-mail Phone	Year																						
	Month																						
	Day																						
	Prerequisites			Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																			

Check box if there are more candidates on the reverse side of this page. This test sheet is Page _____ of _____ Pages.

- Satisfactory Performance **F** - 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: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____	
Awards information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		This section to be completed by the Officials Instructor who examined the candidates. Instructor's name _____ ID# _____ E-mail address () _____ Telephone _____ Signature required _____	
Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: _____ Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____			



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Emergency Response Official

(Updated 2017)

Side 2: Please **print** each candidate's name and contact information legibly.

			Date of birth													Result													
			Prerequisites																										
			1	2	3	4	5	6a	6b	6c	6d	6e	6f	6g	6h														
6 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day																										
																	Prerequisites												
																	Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____												
7 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day																										
																	Prerequisites												
																	Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____												
8 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day																										
																	Prerequisites												
																	Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____												
9 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day																										
																	Prerequisites												
																	Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____												
10 Name Address Apt # City Postal Code E-mail Phone	Year	Month	Day																										
																	Prerequisites												
																	Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____												

Check 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

Host name (Affiliate) _____ () Telephone _____ Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.	Exam information Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert
	Facility name (e.g., name of pool) _____ Telephone _____
	This section to be completed by the Officials Instructor who examined the candidates. Instructor's name _____ ID# _____ E-mail address _____ () Telephone _____ Signature required _____