



LIFESAVING SOCIETY
The Lifeguarding Experts

Safeguard

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

Safety supervision

Site analysis

Victim recognition

Communication

Low risk rescue knowledge and skills

Result

1

2

3

4

5

1
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

2
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

3
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

4
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

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

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) _____ Telephone () _____
Street address _____
City _____ Prov. _____ Postal Code _____

Exam Information

Exam is: Original OR Recert

Exam Date: _____
YY MM DD

Facility name (e.g. name of pool) _____ Telephone () _____

Lifesaving and Emergency First Aid Instructor who also holds National Lifeguard and who instructed and examined the candidates.

Instructor's name _____ ID# _____

E-mail address _____

()

Telephone

Signature



LIFESAVING SOCIETY
The Lifeguarding Experts

Safeguard

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

 LIFESAVING SOCIETY The Lifeguarding Experts Safeguard Side 2: Please record each candidate's name and contact information accurately.	Safety supervision	Site analysis	Victim recognition	Communication	Low risk rescue knowledge and skills	Result
	1	2	3	4	5	
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____						
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____						
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____						
8 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____						

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.

Host name (Affiliate) () Telephone _____	Please complete Instructor and Payment information sections on Side 1 of the 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 is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Exam Date: _____ YY MM DD Facility name (e.g., name of pool) () Telephone _____	Lifesaving and Emergency First Aid Instructor who also holds National Lifeguard and who instructed and examined the candidates. 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.