



LIFESAVING SOCIETY
The Lifeguarding Experts

Emergency Response Official

(Revised 2024)

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

	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 _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
Prerequisites checked: <input type="checkbox"/>														
Officiating experience <input type="checkbox"/>														
Community Official _____ Date Earned: _____ Location: _____														
2 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
Prerequisites checked: <input type="checkbox"/>														
Officiating experience <input type="checkbox"/>														
Community Official _____ Date Earned: _____ Location: _____														
3 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
Prerequisites checked: <input type="checkbox"/>														
Officiating experience <input type="checkbox"/>														
Community Official _____ Date Earned: _____ Location: _____														
4 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____														
Prerequisites checked: <input type="checkbox"/>														
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 _____ page(s).

– Satisfactory Performance
 – Fail

Total Pass for Exam Total Fail for Exam

Payment Information Exam fees attached Exam fees not attached
Send invoice or receipt to:

Host name (Affiliate) _____ Telephone _____
Street address _____
City _____ Prov. _____ Postal Code _____

Instructor Information

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

Awards Information Awards issued by affiliate Awards not issued

This section to be completed by the Officials Instructor who examined the candidates. Same as instructor or

Exam Information Exam is: Original OR Recert

Exam Date: _____
YY MM DD

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

Examiner's name _____ ID# _____
E-mail address _____
Telephone _____ Signature _____



LIFESAVING SOCIETY
The Lifeguarding Experts

Emergency Response Official

(Revised 2024)

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

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	

5
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience
 Community Official _____ Date Earned: _____ Location: _____

6
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience
 Community Official _____ Date Earned: _____ Location: _____

7
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience
 Community Official _____ Date Earned: _____ Location: _____

8
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience
 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 _____ 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) _____

This section is to be completed by the Officials Instructor who examined the candidates.
 Same as instructor or
 Examiner's name _____ ID# _____

Exam Information Exam is: Original OR Recert
 Exam Date: _____
 YY MM DD
 Facility name (e.g. name of pool) _____ Telephone _____

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.