



Waterfront

(Revised 2024)

This test sheet for original exam candidates only.

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

*Items are instructor evaluated

Lifeguarding theory & practice	Waterfront facility analysis	Rescue aid proficiency	Entries & removals	Skin diving skills	Rescue drill	Use of rescue craft	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
1*	2*	3*	4*	5*	6*	7*	8a*	8b*	9*	10a*	10b*	10c*	11*	12a*	12b*	12c*	12d*	13a	13b	

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

Prerequisites checked:

Bronze Cross Date Earned: _____ Location: _____
Standard First Aid Date Earned: _____ Location: _____

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

Prerequisites checked:

Bronze Cross Date Earned: _____ Location: _____
Standard First Aid Date Earned: _____ Location: _____

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

Prerequisites checked:

Bronze Cross Date Earned: _____ Location: _____
Standard First Aid 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

Invoicing Information

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

Instructor Information

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

Exam Information

Exam Date: _____
YY MM DD

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

Individual who examined the candidates Same as instructor or

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

Individual who apprenticed on the exam Same as instructor or

Apprentice's name _____ ID# _____



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(Revised 2024)

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

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Lifeguarding theory & practice	Waterfront facility analysis	Rescue aid proficiency	Entries & removals	Skin diving skills	Rescue drill	Use of rescue craft	Sprint challenge	Endurance challenge	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situation: single guard	Lifeguard situations: team	Result
1*	2*	3*	4*	5*	6*	7*	8a*	8b*	9*	10a*	10b*	10c*	11*	12a*	12b*	12c*	12d*	13a	13b	

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

Prerequisites checked:
Bronze Cross Date Earned: _____ Location: _____
Standard First Aid Date Earned: _____ Location: _____

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

Prerequisites checked:
Bronze Cross Date Earned: _____ Location: _____
Standard First Aid Date Earned: _____ Location: _____

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

Prerequisites checked:
Bronze Cross Date Earned: _____ Location: _____
Standard First Aid 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 Total Pass for Exam Total Fail for Exam
 - Fail

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.

<p>Invoicing Information</p> <p>Host name (Affiliate or Organization paying the exam fees) _____</p>	<p>Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or</p> <p>Examiner's name _____ ID# _____</p> <p>E-mail address _____</p> <p>() _____ Telephone _____ Signature _____</p>
<p>Exam Information</p> <p>Exam Date: _____ YY MM DD</p>	