NATIONAL LIFEGUARD LIFESAVING SOCIETY Waterfront Revised 2012 Side 1: Please print each candidate's name and contact information legibly.	Gender Date of to the	Prerentical	Lifequarding the	* Run-swim-tow+	2b*	2c*	3*	4*	5a*	5b*	* Intervention	9 Entries & removals	7*	8*	9*	10a*	10b*	10c*	10d*	Lifeguarding situations +	Result
4	E	10	+		* Ite	ms are	instru	uctor-	evalua 	ited			† Ite	ms are	e man	datory	/ durin	g rece	rt T	\dashv	œ
Last name [IV]																					
First name	Yea																				
Address																					
City Prov. Postal	Code	D.	rereq.:																		
E-mail	Day		Driginal:	<	Bronze Standa	Cross ard 1st Aid		earned						Location Location							
Phone M	F	F	Recert:		NLS		Date	earned	l: 		Г			Location	on:				$\overline{}$		_
Last name [M]																					
First name	Yea																				
Address																					
City Prov. Postal		L																			
E-mail	Day	(rereq.: Driginal:	<	Bronze Standa	: Cross ird 1st Aid		earned						Location Location							
Phone M		F	Recert:		NLS		Date	earned	l: 					Location	on:					П	_
Last name	F																				
First name	Yea	;																			
Address																					
City Prov. Postal		\perp																			
E-mail	Day		rereq.: Driginal:	<	Bronze Standa	Cross ard 1st Aid		earned						Location Location							
Phone M		F	Recert:		NLS		Date	earned	l: T					Location	on:						
Last name	E																				
First name	Yea	;;;;																			
Address																					
City Prov. Postal	Code	\perp	rereq.:																		
E-mail	Day	(Original:	<		Cross ard 1st Aid	Date		l:					Location	on:						
Phone			Recert:		NLS		Date	earned	l:					Locatio		=	=				=
Check this box if there are more candidate. This test sheet is Page of	tes on the Pages	revers	e side o	f this p	age.		/	- Sat	isfacto	y Perfo	rmance	e)	🕻 - Fail		tal Pas or Exa				tal Fail Exam		
Instructor information				D.//			E	xam i	nform	ation						Exam is					_
Instructor's name			I	D#			- E	xam da	ate: _		,							OR	Re	cert	
E-mail address							-			YY	/	MM	DD)							
Telephone Signature							_ F	Facility name (e.g., name of pool) Telephone													
Awards information Awards issued by affiliate Awards not issued							T	This section to be completed by the NLS Examiner who examined the candidates.													
Payment information Exam fees attached Exam fees not attached Send invoice or receipt to: Host name (Affiliate) Telephone							— Ē:	Examiner's name ID#												—	
Street address							_ Ē.	-mail a	ddress												
City	Prov.			Р	ostal co	ode	_ _														_
							1.7	elepho	ne							Sign	nature				

NATIONAL LIFE S A V I N G S O C I E Waterfront Revised 2012 Side 2: Please print each candidate's	Gender	Date of birth	Prerequisites checked	1. Lifeguarding the second	* Run-swim-fow, +	_		w Waterfront facility, care	4. Lifeguard communication	s Scanning & observation	Positioning & rotation	* Intervention	Entries & removals	Use of rescue graff +	* Skin diving skills	Search: missing person	10a Mgmt: distressed or distressed	_	-	_		Result
name and contact information legibly.		Da	Pre			* Ite	ms are	instru	uctor-	evalua	ted			† Ite	ms are	e man	datory	/ durir	ng rece	rt	\Box	Re
5 Last name	MF																					
First name Address		Year																				
City Prov.	Postal Code	Month	Droi	req.:																		
E-mail Phone		Day	Ori	ginal: cert:	<	Bronze Standa NLS	Cross rd 1st Aid	d Date	earned earned earned	:					Location Location	on:						
6 Last name	MF																					
First name		Year																				
Address		Month																				
	Postal Code		Prei	req.:					<u> </u>													
E-mail		Day	Ori	ginal:	<		rd 1st Aid	d Date		:					Location	on:						
Phone 7	M [F]		Red	cert:		NLS		Date	earned	: 					Location	on:						
Last name		Year																				
First name		Todi																				
Address City Prov.	Postal Code	Month																				
E-mail			Prei	req.:		Bronze	Cross	Date	earned	:					Location	on:	<u> </u>					
Phone		Day	Original: Standard 1st Ai Recert: NLS				Date earned:					Location: Location:										
8 Last name	MF																					
First name		Year																				
Address																						
City Prov.	Postal Code	Month																				
E-mail		Day	Prei <i>Ori</i> ę	req.: ginal:	<	Bronze Standa	Cross rd 1st Aid		earned earned						Location Location							
Phone			Red	cert:		NLS		Date	earned	:					Location		_	=	_	_	=	=
Check this box if there are more can This test sheet is Page of		the rev	erse	side of	f this p	age.		/	- Sat	isfactor	y Perfor	rmance	. >	(- Fai		tal Pas or Exa				tal Fail r Exam		
									Exam information Exam is: Exam date:													
Host name (Affiliate) Telephone							\vdash			e.g., nan		-					ephone					
								Т	his se	ction t	o be co	omple	ted by	the N	LS Ex	amine	r who	exam	ined th	ie can	didate	S.
Please complete Instructor, Awards 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.							Ē	Examiner's name ID#									ŧ					
- completed on both sides 1 and 2 of the	5 1001 3HG	.						Ē.	mail a	ddress												_
									Telephone Signature										—			