



LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result				
Course / Clinic _____ Exam date: YY MM DD _____ Facility name (e.g., name of pool) _____ Lifesaving Society Trainer's name _____ ID# _____ Signature _____ Apprentice's Name _____ ID# _____											
✓ - PASS      X - FAIL Name/Address/Telephone/Email ( <i>Please print legibly</i> ) _____ Date of Birth YY MM DD _____											
<input type="checkbox"/>	/ /										
Lifesaving Society ID # _____											
Prerequisite(s): _____											
Date earned: _____		Date earned: _____									
Location: _____		Location: _____									
<input type="checkbox"/>	/ /										
Lifesaving Society ID # _____											
Prerequisite(s): _____											
Date earned: _____		Date earned: _____									
Location: _____		Location: _____									
<input type="checkbox"/>	/ /										
Lifesaving Society ID # _____											
Prerequisite(s): _____											
Date earned: _____		Date earned: _____									
Location: _____		Location: _____									
<input type="checkbox"/>	/ /										
Lifesaving Society ID # _____											
Prerequisite(s): _____											
Date earned: _____		Date earned: _____									
Location: _____		Location: _____									
<input type="checkbox"/>	/ /										
Lifesaving Society ID # _____											
Prerequisite(s): _____											
Date earned: _____		Date earned: _____									
Location: _____		Location: _____									