



LIFESAVING SOCIETY
The Lifeguarding Experts

Aquatic Supervisory Training

Please print each candidate's name, and contact information

			Demonstrate an understanding of:										Result	
			Responsibilities of the aquatic supervisor	Managing risk	Facility management	Supervisory skills	Planning and organizing	Communication	Motivation	Evaluation	Providing quality service	Role of the Lifesaving Society		
Date of birth			Prerequisites checked	1	2	3	4	5	6	7	8	9	10	
1	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
				Current Lifesaving Instructor - Earned at (location): Date: _____ OR Current National Lifeguard - Earned at (location): Date: _____										
2	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
				Current Lifesaving Instructor - Earned at (location): Date: _____ OR Current National Lifeguard - Earned at (location): Date: _____										
3	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
				Current Lifesaving Instructor - Earned at (location): Date: _____ OR Current National Lifeguard - Earned at (location): Date: _____										
4	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
				Current Lifesaving Instructor - Earned at (location): Date: _____ OR Current National Lifeguard - Earned at (location): Date: _____										
5	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
				Current Lifesaving Instructor - Earned at (location): Date: _____ OR Current National Lifeguard - Earned at (location): Date: _____										
6	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year..... Month..... Day.....												
				Current Lifesaving Instructor - Earned at (location): Date: _____ OR Current National Lifeguard - Earned at (location): Date: _____										

Permanent cards are mailed directly to successful candidates.
Please ensure addresses are legible and complete.



- Satisfactory Performance



- Fail

Total Pass

Total Fail

Instructor information

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

Awards information Awards issued by affiliate Awards not issued

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to: _____
Host name (Affiliate) _____ Telephone _____
Street address _____
City _____ Prov. _____ Postal code _____

Exam information

Exam date: _____
YY MM DD
Facility name (e.g., name of pool) _____ Telephone _____
Examiner's name _____ ID# (optional) _____
E-mail address _____
Telephone _____ Signature _____

This section to be completed by the Aquatic Supervisory Training Instructor who examined the candidates.