



Waterpark

(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

| | | | | | | | | | | | | | | | | | | |
|----------------------------------|---------------------|--------------------------|-------------------------|--------------------|------------------|-----------------|-------------------------|------------------------|------------------------|---------------------------|------------------------|----------------|-------------------------------------|---------------------------------------|------------------------------|----------------------|----------------------------|--------|
| Waterpark orientation & analysis | Lifeguarding slides | Lifeguarding river rides | Lifeguarding wave pools | Entries & removals | Sprint challenge | Object recovery | Lifeguard communication | Positioning & rotation | Scanning & observation | Prevention & intervention | Specialized techniques | Missing person | Mgmt: distressed or drowning victim | Mgmt: submerged, non-breathing victim | Mgmt: spinal-injured victims | Mgmt: injured victim | Lifeguard situations: team | Result |
| 1* | 2* | 3* | 4* | 5* | 6a* | 6b* | 7* | 8a* | 8b* | 8c* | 9* | 10* | 11a* | 11b* | 11c* | 11d* | 12 | |

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

Prerequisites checked:

National Lifeguard Pool Date Earned: _____ Location: _____

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

Prerequisites checked:

National Lifeguard Pool Date Earned: _____ Location: _____

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

Prerequisites checked:

National Lifeguard Pool 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
 X – 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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Side 2: Please record each candidate's name and contact information accurately.

*Items are instructor evaluated

| Waterpark orientation & analysis | Lifeguarding slides | Lifeguarding river rides | Lifeguarding wave pools | Entries & removals | Sprint challenge | Object recovery | Lifeguard communication | Positioning & rotation | Scanning & observation | Prevention & intervention | Specialized techniques | Missing person | Mgmt: distressed or drowning victim | Mgmt: submerged, non-breathing victim | Mgmt: spinal-injured victims | Mgmt: injured victim | Lifeguard situations: team | Result |
|----------------------------------|---------------------|--------------------------|-------------------------|--------------------|------------------|-----------------|-------------------------|------------------------|------------------------|---------------------------|------------------------|----------------|-------------------------------------|---------------------------------------|------------------------------|----------------------|----------------------------|--------|
| 1* | 2* | 3* | 4* | 5* | 6a* | 6b* | 7* | 8a* | 8b* | 8c* | 9* | 10* | 11a* | 11b* | 11c* | 11d* | 12 | |

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

Prerequisites checked:

National Lifeguard Pool Date Earned: _____ Location: _____

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

Prerequisites checked:

National Lifeguard Pool Date Earned: _____ Location: _____

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

Prerequisites checked:

National Lifeguard Pool 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 X – 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.

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