



LIFESAVING SOCIETY®

The Lifeguarding Experts

### Instructor

- Swim for Life Instructor
- Lifesaving Instructor
- Lifesaving First Aid Instructor
- Aquatic Emergency Care Instructor
- National Lifeguard Service Instructor
- BOAT Instructor
- Boat Rescue for First Responders Instructor
- Swiftwater Rescue Instructor

Side 1: Please print each candidate's name and contact information legibly.

	Date of Birth Y/M/D	Prerequisites Checked	Lifesaving Society	Teaching	Communication	Class Management	Planning	Evaluation	Result
			1	2	3	4	5	6	
1 Name _____ Sex M F									
Address _____									
City _____ Postal code _____									
E-mail _____ Telephone _____									
2 Name _____ Sex M F									
Address _____									
City _____ Postal code _____									
E-mail _____ Telephone _____									
3 Name _____ Sex M F									
Address _____									
City _____ Postal code _____									
E-mail _____ Telephone _____									
4 Name _____ Sex M F									
Address _____									
City _____ Postal code _____									
E-mail _____ Telephone _____									
5 Name _____ Sex M F									
Address _____									
City _____ Postal code _____									
E-mail _____ Telephone _____									
6 Name _____ Sex M F									
Address _____									
City _____ Postal code _____									
E-mail _____ Telephone _____									

Check box if there are more candidates on the reverse side of this page.  
This test sheet is page \_\_\_ of \_\_\_ pages.

Satisfactory Performance      **F** Fail      Total Pass for Course       Total Fail for Course

#### Instructor Trainer Information

Instructor Trainer's Name _____	ID# _____
E-mail ( ) _____	
Telephone _____	Signature _____
Instructor Trainer's Name _____	ID# _____
E-mail ( ) _____	
Telephone _____	Signature _____

#### Course Information

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 YY   MM   DD      YY   MM   DD

Facility name \_\_\_\_\_ Telephone \_\_\_\_\_

#### Payment information

Exam fees attached  
 Exam fees not attached

Send invoice or receipt to \_\_\_\_\_ ( ) \_\_\_\_\_

Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

#### Awards information

- Awards issued by affiliate
- Awards not issued

