



LIFESAVING SOCIETY®
The Lifeguarding Experts

Shallow Water Attendant

Education & Proficiency Programs

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

1	M	F	Date of Birth	Prerequisites checked													Result		
				1	2	4a	4b	4c	4d	4e	4f	6a	6b	7	9	11		12	13
Address	Year			Roles & Responsibilities	Facility Orientation	Aquatic-Amenity Knowledge: Water Slides	Aquatic-Amenity Knowledge: Spray Pads and Spray Parks	Aquatic-Amenity Knowledge: H2O Play Structures	Aquatic-Amenity Knowledge: Wading Pools	Aquatic-Amenity Knowledge: River Rides	Aquatic-Amenity Knowledge: Hot Tubs	Communication - Guest Relations	Communication - Staff Relations	Public Education	Scanning	Emergency Equipment	Emergency Procedures	Risk Management	
1																			
Address	Year																		
City	Postal Code																		
Email	Phone																		
2																			
Address	Year																		
City	Postal Code																		
Email	Phone																		
3																			
Address	Year																		
City	Postal Code																		
Email	Phone																		
4																			
Address	Year																		
City	Postal Code																		
Email	Phone																		
5																			
Address	Year																		
City	Postal Code																		
Email	Phone																		
6																			
Address	Year																		
City	Postal Code																		
Email	Phone																		

Check Box if there are more candidates on the reverse side of this page.

This test sheet is Page _____ of _____ pages.

Satisfactory Performance
 Fail

	Total Pass for Exam	
	Total Fail for Exam	

Instructor Information

Instructor Name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Exam Information

Exam Date _____ Exam is:

YY MM DD

Original or Recert

Facility Name _____ Telephone _____

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 _____ Telephone _____

Street Address _____

City _____ Prov _____ PC _____

Examiner Information

Name _____ ID# _____

E-mail Address _____

Telephone _____ Signature _____



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Shallow Water Attendant

Education & Proficiency Programs

Side 2: Please **print** each candidate's name and contact information legibly.

Candidate ID	Date of Birth	Prerequisites checked													Result					
		1	2	4a	4b	4c	4d	4e	4f	6a	6b	7	9	11		12	13			
		Roles & Responsibilities	Facility Orientation	Aquatic-Amenity Knowledge: Water Slides	Aquatic-Amenity Knowledge: Spray Pads and Spray Parks	Aquatic-Amenity Knowledge: H2O Play Structures	Aquatic-Amenity Knowledge: Wading Pools	Aquatic-Amenity Knowledge: River Rides	Aquatic-Amenity Knowledge: Hot Tubs	Communication - Guest Relations	Communication - Staff Relations	Public Education	Scanning	Emergency Equipment	Emergency Procedures	Risk Management				
7	M F																			
Address	Year																			
City	Month																			
Postal Code	Day																			
Email	Phone																			
8	M F																			
Address	Year																			
City	Month																			
Postal Code	Day																			
Email	Phone																			
9	M F																			
Address	Year																			
City	Month																			
Postal Code	Day																			
Email	Phone																			
10	M F																			
Address	Year																			
City	Month																			
Postal Code	Day																			
Email	Phone																			
11	M F																			
Address	Year																			
City	Month																			
Postal Code	Day																			
Email	Phone																			
12	M F																			
Address	Year																			
City	Month																			
Postal Code	Day																			
Email	Phone																			

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 Exam
	Total Fail for Exam

Instructor Information

Instructor Name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Host Name _____ Telephone _____

Please complete Awards and Payment information Sections on Side 1 of test sheet. Host name, Instructor and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

Exam Information

Exam Date _____ Exam is:

YY MM DD

Original or Recert

Facility Name _____ Telephone _____

Examiner Information

Name _____ ID# _____

E-mail Address _____

Telephone _____ Signature _____