



LIFESAVING SOCIETY®
The Lifeguarding Experts

Lifeguard Fitness Skills

Side 1: Please **print** each lifeguard's name, and contact information legibly

		Date of Birth (mandatory)	Prerequisites Checked (✓ or N)	Management of Submerged Manikin	Deep Water Spinal Management	50 m Manikin Carry	100 m Obstacle Swim	Object Support	Result (✓ or N)
				1	2	3	4	5	
1									
Name								
Address								
Postal Code								
Telephone				Time	Time	Time	Time	
Member #								
Facility								
2									
Name								
Address								
Postal Code								
Telephone				Time	Time	Time	Time	
Member #								
Facility								
3									
Name								
Address								
Postal Code								
Telephone				Time	Time	Time	Time	
Member #								
Facility								
4									
Name								
Address								
Postal Code								
Telephone				Time	Time	Time	Time	
Member #								
Facility								
5									
Name								
Address								
Postal Code								
Telephone				Time	Time	Time	Time	
Member #								
Facility								
6									
Name								
Address								
Postal Code								
Telephone				Time	Time	Time	Time	
Member #								
Facility								

Notes: Satisfactory Performance Total Successful Total Needs Improvement

Payment Information

Exam fees attached Exam fees not attached

Affiliate _____

Address _____

City / Town _____

Province _____

Postal Code _____

() _____

Telephone _____

Assessment Information

Date of Assessment: ____ YY ____ MM ____ DD Exam is: Original or Recert

() _____

Facility Name _____ Telephone _____

Assessor Information

Examiner's Name _____

Home Facility _____

() _____

Telephone _____ Signature _____



LIFESAVING SOCIETY®
The Lifeguarding Experts

Lifeguard Fitness Skills

Side 2: Please **print** each lifeguard's name, and contact information legibly

		Date of Birth (mandatory)	Prerequisites Checked (✓ or N)	Management of Submerged Manikin	Deep Water Spinal Management	50 m Manikin Carry	100 m Obstacle Swim	Object Support	Result (✓ or N)
				1	2	3	4	5	
7	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							
8	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							
9	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							
10	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							
11	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Member #	..... Member #							
	Facility	..... day							
12	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							

This test sheet is Page _____ of Pages _____.



Satisfactory Performance

Total Successful

Total Needs Improvement

Host (Affiliate)

()

Telephone

Assessment Information

Date of Assessment: _____

YY MM DD

Facility Name

Telephone

Assessor Information

Examiner's Name

Home Facility

()

Telephone

Signature

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