



LIFESAVING SOCIETY®
The Lifeguarding Experts

Instructor Trainer

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

Date of Birth Y/M/D	Prerequisites Checked	1 Lifesaving Society	2 Teaching	3 Communication	4 Class Management	5 Planning	6 Evaluation	Result
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 Clinic Total Fail for Clinic

Branch Trainer Information

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

Branch Trainer's Name ID#
E-mail ()
Telephone Signatur

Clinic Information
Start Date: YY MM DD End Date: 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



Instructor Trainer

Side 2: 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		
7	Sex M F	Name							
		Address							
		City Postal code							
		E-mail Telephone							
8	Sex M F	Name							
		Address							
		City Postal code							
		E-mail Telephone							
9	Sex M F	Name							
		Address							
		City Postal code							
		E-mail Telephone							
10	Sex M F	Name							
		Address							
		City Postal code							
		E-mail Telephone							
11	Sex M F	Name							
		Address							
		City Postal code							
		E-mail Telephone							
12	Sex M F	Name							
		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
 Fail
 Total Pass for Clinic
 Total Fail for Clinic

Clinic Information

Start Date: ____ End Date: ____
 YY MM DD YY MM DD

name _____ Telephone _____
 ()

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

Branch Trainer Information

Branch Trainer's Name _____ ID# _____

E-mail _____
 ()

Telephone _____ Signature _____

Branch Trainer's Name _____ ID# _____

E-mail _____
 ()

Telephone _____ Signature _____