



LIFESAVING SOCIETY®
The Lifeguarding Experts

Instructor/Examiner

- BOAT Instructor / Examiner
 First Responder Instructor/Examiner

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	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
2	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
3	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
4	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
5	Sex M F								
Name									
Address									
City	Postal code								
E-mail	Telephone								
6	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 **F** Fail

Total Pass for Course/Clinic Total Fail for Course/Clinic

Instructor Trainer Information

Instructor Trainer's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

Instructor Trainer's Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

Awards information

Awards issued by affiliate
 Awards not issued

Course/Clinic 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 _____

