



LIFESAVING SOCIETY®  
The Lifeguarding Experts

## Instructor/Examiner

- Swim Instructor / Examiner  
 Lifesaving Instructor / Examiner

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

	Date of Birth Y/M/D	Prerequisites Checked													Result		
		1	2	3	4	5	6	7	8	9	10	11	12	13			
<b>1</b>	Sex M F																
Name																	
Address																	
City	Postal code																
E-mail	Telephone																
<b>2</b>	Sex M F																
Name																	
Address																	
City	Postal code																
E-mail	Telephone																
<b>3</b>	Sex M F																
Name																	
Address																	
City	Postal code																
E-mail	Telephone																
<b>4</b>	Sex M F																
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City	Postal code																
E-mail	Telephone																
<b>5</b>	Sex M F																
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Address																	
City	Postal code																
E-mail	Telephone																
<b>6</b>	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 \_\_\_\_\_

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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 \_\_\_\_\_



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7															
Name															
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Telephone															
8															
Name															
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City															
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City															
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12															
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Telephone															

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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 \_\_\_\_\_

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Instructor Trainer's Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

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