



LIFESAVING SOCIETY®

The Lifeguarding Experts

Safety Management Programs

Performance Record

- Aquatic Management Training
- Aquatic Safety Inspector
- Aquatic Safety Auditor
- SEE Auditor

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

Date of Birth
YY/MM/DD

Active participation in discussions and activities

Full course/clinic attendance

Score of 75% or higher on written exam (Aquatic Management Training & Aquatic Safety Inspector only)

Result (Pass/Fail)

		1	2	3	4	5	6	7
1	Name <small>Sex M F</small>						Score:	
	Address							
	City <small>Postal code</small>							
	E-mail <small>Telephone</small>							
2	Name <small>Sex M F</small>						Score:	
	Address							
	City <small>Postal code</small>							
	E-mail <small>Telephone</small>							
3	Name <small>Sex M F</small>						Score:	
	Address							
	City <small>Postal code</small>							
	E-mail <small>Telephone</small>							
4	Name <small>Sex M F</small>						Score:	
	Address							
	City <small>Postal code</small>							
	E-mail <small>Telephone</small>							
5	Name <small>Sex M F</small>						Score:	
	Address							
	City <small>Postal code</small>							
	E-mail <small>Telephone</small>							
6	Name <small>Sex M F</small>						Score:	
	Address							
	City <small>Postal code</small>							
	E-mail <small>Telephone</small>							

Check box if there are more candidates on the reverse side of this page.
This test sheet is page ___ of ___ pages.



Satisfactory Performance

Total Pass for exam

Total Fail for exam

Trainer Information

Trainer Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

Trainer Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

Trainer Name _____ ID# _____

E-mail () _____

Telephone _____ Signature _____

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, bill to:

Affiliate Information

Affiliate _____ Telephone _____

Address _____

City _____ Province _____ Postal code _____