



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Swim/Lifesaving Instructor Recert

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

	Date of Birth Y/M/D	Prerequisites Checked	1	2	3	4	5	6	7	8	9	10	Result
<b>1</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____ Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>													
<b>2</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____ Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>													
<b>3</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____ Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>													
<b>4</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____ Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>													
<b>5</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____ Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>													
<b>6</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____ Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>													

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       Total Fail for Course

**Instructor Trainer Information**

Instructor Trainer's Name \_\_\_\_\_ ID# \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Telephone \_\_\_\_\_ Signature \_\_\_\_\_

Instructor Trainer's Name \_\_\_\_\_ ID# \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 ( ) \_\_\_\_\_  
 Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Awards information**

Awards issued by affiliate  
 Awards not issued

**Course 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 \_\_\_\_\_



LIFESAVING SOCIETY®  
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# Swim/Lifesaving Instructor Recert

Side 2: Please print each candidate's name and contact information legibly.

Date of Birth Y/M/D	Prerequisites Checked	Evaluating	Presentation skills	Lifesaving Society Knowledge	Curriculum Knowledge	Health and Safety	Ethics and Valuing Diversity	Communicating	Teamwork and Collaboration	Problem Solving and Decision-making	Skill Demonstration	Result
		1	2	3	4	5	6	7	8	9	10	
7												
Name	Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>											
Address												
City	Postal code											
E-mail	Telephone											
8												
Name	Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>											
Address												
City	Postal code											
E-mail	Telephone											
9												
Name	Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>											
Address												
City	Postal code											
E-mail	Telephone											
10												
Name	Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>											
Address												
City	Postal code											
E-mail	Telephone											
11												
Name	Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>											
Address												
City	Postal code											
E-mail	Telephone											
12												
Name	Swim Instructor <input type="checkbox"/> Education and Proficiency Instructor <input type="checkbox"/> Lifesaving Instructor <input type="checkbox"/>											
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       Total Fail for Course

**Instructor Trainer Information**

Instructor Trainer's Name \_\_\_\_\_ ID# \_\_\_\_\_  
( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_

Instructor Trainer's Name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail \_\_\_\_\_  
( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Awards information**  
 Awards issued by affiliate  
 Awards not issued

**Course 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 \_\_\_\_\_