



Waterpark

Revised 2012

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

1a*	1b*	2*	3*	4*	5*	6*	7a*	7b*	7c*	8*	9a*	9b*	10*	11a*	11b*	11c*	12	Result	
																			* Items are instructor-evaluated
1 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Date of birth Year Month Day	Prerequisites checked Spinal carry † Approach & carry † Waterpark facility: orientation & analysis Lifeguarding slides Lifeguarding river rides Lifeguarding wave pools Lifeguard communication Scanning & observation Positioning & rotation Intervention Entries & removals Emergencies: specialized techniques Emergencies: slide rescue Search: missing person Mgmt: distressed or drowning victim † Mgmt: submerged, non-breathing victim † Mgmt: spinal-injured victim † Lifeguarding situations †																
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																			
2 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Date of birth Year Month Day	Prerequisites checked Spinal carry † Approach & carry † Waterpark facility: orientation & analysis Lifeguarding slides Lifeguarding river rides Lifeguarding wave pools Lifeguard communication Scanning & observation Positioning & rotation Intervention Entries & removals Emergencies: specialized techniques Emergencies: slide rescue Search: missing person Mgmt: distressed or drowning victim † Mgmt: submerged, non-breathing victim † Mgmt: spinal-injured victim † Lifeguarding situations †																
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4 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Date of birth Year Month Day	Prerequisites checked Spinal carry † Approach & carry † Waterpark facility: orientation & analysis Lifeguarding slides Lifeguarding river rides Lifeguarding wave pools Lifeguard communication Scanning & observation Positioning & rotation Intervention Entries & removals Emergencies: specialized techniques Emergencies: slide rescue Search: missing person Mgmt: distressed or drowning victim † Mgmt: submerged, non-breathing victim † Mgmt: spinal-injured victim † Lifeguarding situations †																
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																			

Check this 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 Exam

Total Fail for Exam

Instructor information

Instructor's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Exam information

Exam date: _____ Exam is: Original **OR** Recert

Facility name (e.g., name of pool) _____ Telephone _____

Awards information Awards issued by affiliate Awards not issued

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to:

Host name (Affiliate) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

() Telephone _____ Signature _____

