



# Lifesaving Sport Coach

(Level 1)

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

1	2	3	4	5	6	7	8	Date of Birth Y/M/D	Prerequisites Checked (LSI)	Roles and responsibilities	Long Term Athlete Development	Coaching	Safety in Sport	Communication	Planning and Workout Design	Lifesaving Sport Skills	Peer Coaching Activities	Result
									1	2	3	4	5	6	7	8		
Name <span style="float:right">Sex M F</span> Address City <span style="float:right">Postal code</span> E-mail <span style="float:right">Telephone</span>																		
Name <span style="float:right">Sex M F</span> Address City <span style="float:right">Postal code</span> E-mail <span style="float:right">Telephone</span>																		
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Name <span style="float:right">Sex M F</span> Address City <span style="float:right">Postal code</span> E-mail <span style="float:right">Telephone</span>																		

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

### Coach Trainer Information

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

### Course Information

Start Date:      End Date:
YY MM DD      YY MM DD
( )
Facility name      Telephone

### Payment information

<input type="checkbox"/> Exam fees attached
<input type="checkbox"/> Exam fees not attached
Send invoice or receipt to
( )
Affiliate      Telephone
Address
City      Province      Postal code

### Awards information

Awards issued by affiliate  
 Awards not issued