



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Pool Officials

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

	Date of Birth Y/M/D	Prerequisites Checked	Roles and Responsibilities	Clerk of Course	Chief Timer	Starter	Lane Judge	Chief Finish Judge	Scorer	Equipment Manager	Safety Officer	Result
			1	2	3	4	5	6	7	8	9	
<b>1</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____												
<b>2</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____												
<b>3</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____												
<b>4</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____												
<b>5</b> Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____												
<b>6</b> Name _____ Sex M F 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 Information**

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

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

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

**Exam Information**

Exam Date: \_\_\_\_\_ 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 \_\_\_\_\_

**Awards information**

Awards issued by affiliate

Awards not issued

**Examiner Information**

Examiner's Name \_\_\_\_\_ ID # \_\_\_\_\_

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

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



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Pool Officials

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

Date of Birth Y/M/D	Prerequisites Checked	Roles and Responsibilities									Result	
		1	2	3	4	5	6	7	8	9		
7												
Name	Sex M F											
Address												
City	Postal code											
E-mail	Telephone											
8												
Name	Sex M F											
Address												
City	Postal code											
E-mail	Telephone											
9												
Name	Sex M F											
Address												
City	Postal code											
E-mail	Telephone											
10												
Name	Sex M F											
Address												
City	Postal code											
E-mail	Telephone											
11												
Name	Sex M F											
Address												
City	Postal code											
E-mail	Telephone											
12												
Name	Sex M F											
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 Information

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

### Payment Information

Exam fees attached       Exam fees not attached  
Send invoice or receipt to ( ) \_\_\_\_\_  
Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Exam Information

Exam Date: \_\_\_\_\_ YY MM DD \_\_\_\_\_  
Facility name \_\_\_\_\_ Telephone \_\_\_\_\_

### Awards information

Awards issued by affiliate  
 Awards not issued

### Examiner Information

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