

# Swiftwater Rescue

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

				Swiftwater Rescue 1					Swiftwater Rescue 2								
				Prerequisites Checked	1 Knowledge	2 Throwbag Use	3 Wading Skills	4 Swimming Skills	5 Rescue	Swiftwater Rescue 1 Result	Prerequisites Checked	1 Knowledge	2 Mechanical Advantage	3 Swimming Skills	4 Throwbag Use	5 Rescue	Swiftwater Rescue 2 Result
Date of Birth																	
Y/M/D																	
1 Name _____ Sex M F																	
Address _____																	
City _____ Postal code _____																	
E-mail _____ Telephone _____																	
2 Name _____ Sex M F																	
Address _____																	
City _____ Postal code _____																	
E-mail _____ Telephone _____																	
3 Name _____ Sex M F																	
Address _____																	
City _____ Postal code _____																	
E-mail _____ Telephone _____																	
4 Name _____ Sex M F																	
Address _____																	
City _____ Postal code _____																	
E-mail _____ Telephone _____																	
5 Name _____ Sex M F																	
Address _____																	
City _____ Postal code _____																	
E-mail _____ Telephone _____																	
6 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 \_\_\_\_\_



LIFESAVING SOCIETY®  
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# Swiftwater Rescue

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

	Date of Birth Y/M/D	Swiftwater Rescue 1					Swiftwater Rescue 2								
		Prerequisites Checked					Prerequisites Checked								
		1 Knowledge	2 Throwbag Use	3 Wading Skills	4 Swimming Skills	5 Rescue	1 Knowledge	2 Mechanical Advantage	3 Swimming Skills	4 Throwbag Use	5 Rescue				
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

Affiliate \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

*Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Course information, and Instructor sections must be completed on both sides 1 and 2 of the test sheet.*

**Exam Information**  
Exam Date: \_\_\_\_\_  
YY      MM      DD

Facility Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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