



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Amenity Attendant

Education & Proficiency Programs

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

1	M	F	Date of Birth	Prerequisites checked													Result					
				1	2	3a	3b	3c	3d	3e	3f	3g	4a	4b	4c	6a		6b	7	8	11, 12	13
Address			Year	Roles & Responsibilities	Facility Orientation	Amenity Knowledge: Change Rooms	Amenity Knowledge: Fitness Centres	Amenity Knowledge: Running Track	Amenity Knowledge: Ice Surfaces	Amenity Knowledge: Soccer Pitches and Field Houses	Amenity Knowledge: Playgrounds	Amenity Knowledge: Gymsnasiums	Aquatic-Amenity Knowledge: Water Slides	Aquatic-Amenity Knowledge: Spray Pads and Spray Parks	Aquatic-Amenity Knowledge: H2O Play Structures	Communication - Guest Relations	Communication - Staff Relations	Public Education	Observation and Scanning Techniques	Emergency Equipment and Emergency Procedures	Risk Management	
2	M	F																				
3	M	F																				
4	M	F																				
5	M	F																				
6	M	F																				

Check Box if there are more candidates on the reverse side of this page.

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ pages.

Satisfactory Performance     
  Fail (F)

Total Pass for Exam: \_\_\_\_\_  
 Total Fail for Exam: \_\_\_\_\_

**Instructor Information**

Instructor Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

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

**Exam Information**

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

Original or  
 Recert

Facility Name \_\_\_\_\_ 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 \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

**Examiner Information**

Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail Address \_\_\_\_\_

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



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Amenity Attendant

Education & Proficiency Programs

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

Candidate ID	M	F	Date of Birth	Prerequisites checked	Roles & Responsibilities	Facility Orientation	Amenity Knowledge: Change Rooms	Amenity Knowledge: Fitness Centres	Amenity Knowledge: Running Track	Amenity Knowledge: Ice Surfaces	Amenity Knowledge: Soccer Pitches and Field Houses	Amenity Knowledge: Playgrounds	Amenity Knowledge: Gymsnasiums	Aquatic-Amenity Knowledge: Water Slides	Aquatic-Amenity Knowledge: Spray Pads and Spray Parks	Aquatic-Amenity Knowledge: H2O Play Structures	Communication - Guest Relations	Communication - Staff Relations	Public Education	Observation and Scanning Techniques	Emergency Equipment and Emergency Procedures	Risk Management	Result
					1	2	3a	3b	3c	3d	3e	3f	3g	4a	4b	4c	6a	6b	7	8	11, 12	13	
<b>7</b>																							
Address			Year																				
City			Month																				
Postal Code			Day																				
Email			Phone																				
<b>8</b>																							
Address			Year																				
City			Month																				
Postal Code			Day																				
Email			Phone																				
<b>9</b>																							
Address			Year																				
City			Month																				
Postal Code			Day																				
Email			Phone																				
<b>10</b>																							
Address			Year																				
City			Month																				
Postal Code			Day																				
Email			Phone																				
<b>11</b>																							
Address			Year																				
City			Month																				
Postal Code			Day																				
Email			Phone																				
<b>12</b>																							
Address			Year																				
City			Month																				
Postal Code			Day																				
Email			Phone																				

Check Box if there are more candidates on the reverse side of this page.

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ pages.

Satisfactory Performance     
  Fail (F)

Total Pass for Exam	
Total Fail for Exam	

### Instructor Information

Instructor Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_

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

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Host Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

### Exam Information

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

YY      MM      DD

Original or  Recert

Facility Name \_\_\_\_\_ Telephone \_\_\_\_\_

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### Examiner Information

Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail Address \_\_\_\_\_

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