



LIFESAVING SOCIETY®
The Lifeguarding Experts

Beach Attendant

Education & Proficiency Programs

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

1	M	F	Date of Birth	Prerequisites checked	Roles & Responsibilities	Facility Orientation	Amenity Knowledge: Changing Rooms and Restrooms	Amenity Knowledge: Playgrounds	Beach Amenity Knowledge: Beach Front Areas	Beach Amenity Knowledge: Designated Swimming Area	Beach Amenity Knowledge: Beach Volleyball Courts	Communication - Guest Relations	Communication - Staff Relations	Public Education	Scanning	Pathways and Monitoring	Emergency Equipment	Emergency Procedures	Risk Management	Result	
					1	2	3a	3f	5a	5b	5c	6a	6b	7	9	10	11	12	13		
1																					
Address			Year																		
City			Month																		
Postal Code			Day																		
Email			Phone																		
2																					
Address			Year																		
City			Month																		
Postal Code			Day																		
Email			Phone																		
3																					
Address			Year																		
City			Month																		
Postal Code			Day																		
Email			Phone																		
4																					
Address			Year																		
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Postal Code			Day																		
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5																					
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City			Month																		
Postal Code			Day																		
Email			Phone																		
6																					
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

F Fail

Total Pass for Exam

Total Fail for Exam

Instructor Information

Instructor Name _____ ID# _____
 E-mail address _____
 Telephone _____ Signature _____

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 _____

Exam Information

Exam Date _____ Exam is:
 YY MM DD Original or Recert

Facility Name _____ Telephone _____

Examiner Information

Name _____ ID# _____
 E-mail Address _____
 Telephone _____ Signature _____

