



LIFESAVING SOCIETY®
The Lifeguarding Experts

Shallow Water 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	Aquatic-Amenity Knowledge: Water Slides	Aquatic-Amenity Knowledge: Spray Pads and Spray Parks	Aquatic-Amenity Knowledge: H2O Play Structures	Aquatic-Amenity Knowledge: Wading Pools	Aquatic-Amenity Knowledge: River Rides	Aquatic-Amenity Knowledge: Hot Tubs	Communication - Guest Relations	Communication - Staff Relations	Public Education	Scanning	Emergency Equipment	Emergency Procedures	Risk Management	Result	
					1	2	4a	4b	4c	4d	4e	4f	6a	6b	7	9	11	12	13		
1																					
Address			Year																		
City			Month																		
Postal Code			Day																		
Email			Phone																		
2																					
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3																					
Address			Year																		
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Postal Code			Day																		
Email			Phone																		
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Postal Code			Day																		
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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 Fail

Total Pass for Exam _____

Total Fail for Exam _____

Instructor Information

Instructor Name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Exam Information

Exam Date _____ Exam is: _____

YY MM DD 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 _____



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Shallow Water Attendant

Education & Proficiency Programs

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

	Date of Birth	Prerequisites checked													Result									
		1	2	4a	4b	4c	4d	4e	4f	6a	6b	7	9	11		12	13							
7	M F																							
Address	Year																							
City	Month																							
Postal Code	Day																							
Email	Phone																							
8	M F																							
Address	Year																							
City	Month																							
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9	M F																							
Address	Year																							
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10	M F																							
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Email	Phone																							
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Address	Year																							
City	Month																							
Postal Code	Day																							
Email	Phone																							
12	M F																							
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 _____

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 _____

Examiner Information

Name _____ ID# _____

E-mail Address _____

Telephone _____ Signature _____