



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Lifeguard Fitness Skills

Side 1: Please **print** each lifeguard's name, and contact information legibly

		Date of Birth (mandatory)	Prerequisites Checked (✓ or N)	Management of Submerged Manikin	Deep Water Spinal Management	50 m Manikin Carry	100 m Obstacle Swim	Object Support	Result (✓ or N)
				1	2	3	4	5	
<b>1</b>									
Name		.....							
Address		.....							
Postal Code		.....							
Telephone		.....			Time	Time	Time	Time	
Member #		.....							
Facility		.....							
<b>2</b>									
Name		.....							
Address		.....							
Postal Code		.....							
Telephone		.....			Time	Time	Time	Time	
Member #		.....							
Facility		.....							
<b>3</b>									
Name		.....							
Address		.....							
Postal Code		.....							
Telephone		.....			Time	Time	Time	Time	
Member #		.....							
Facility		.....							
<b>4</b>									
Name		.....							
Address		.....							
Postal Code		.....							
Telephone		.....			Time	Time	Time	Time	
Member #		.....							
Facility		.....							
<b>5</b>									
Name		.....							
Address		.....							
Postal Code		.....							
Telephone		.....			Time	Time	Time	Time	
Member #		.....							
Facility		.....							
<b>6</b>									
Name		.....							
Address		.....							
Postal Code		.....							
Telephone		.....			Time	Time	Time	Time	
Member #		.....							
Facility		.....							

Notes:  Satisfactory Performance    Total Successful     Total Needs Improvement

**Payment Information**

Exam fees attached     Exam fees not attached

Affiliate \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

( ) \_\_\_\_\_

Telephone \_\_\_\_\_

**Assessment Information**

Date of Assessment: \_\_\_\_ YY \_\_\_\_ MM \_\_\_\_ DD    Exam is: Original  or Recert

( ) \_\_\_\_\_

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

**Assessor Information**

Examiner's Name \_\_\_\_\_

Home Facility \_\_\_\_\_

( ) \_\_\_\_\_

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



LIFESAVING SOCIETY®  
The Lifeguarding Experts

# Lifeguard Fitness Skills

Side 2: Please **print** each lifeguard's name, and contact information legibly

		Date of Birth (mandatory)	Prerequisites Checked (✓ or N)	Management of Submerged Manikin	Deep Water Spinal Management	50 m Manikin Carry	100 m Obstacle Swim	Object Support	Result (✓ or N)
				1	2	3	4	5	
<b>7</b>	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							
<b>8</b>	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							
<b>9</b>	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							
<b>10</b>	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							
<b>11</b>	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Member #	..... Member #							
	Facility	..... day							
<b>12</b>	Name	..... year							
	Address	..... Postal Code			Time	Time	Time	Time	
	Telephone	..... Member #							
	Facility	..... day							

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Satisfactory Performance

Total Successful

Total Needs Improvement

Host (Affiliate)

( )

Telephone

### Assessment Information

Date of Assessment: \_\_\_\_\_

YY MM DD

( )

Facility Name

Telephone

### Assessor Information

Examiner's Name

Home Facility

( )

Telephone

Signature

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