



LIFESAVING SOCIETY®

The Lifeguarding Experts

Aquatic Emergency Care with CPR-C

Permanent cards are mailed directly to successful candidates. Please ensure addresses are legible and complete.

		Emergency First Aid Items	Standard First Aid Items	Pressure-related injury	Aquatic spinal injury management	Water rescue 1	Water rescue 2	Result
1		1-17	18-34	35	36	37	38	
Name								
Address								
City Postal code								
Phone								
E-mail								
Date of Birth								
Year								
Month								
Day								
Prerequisites:								
Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI		Date earned: _____ Location: _____						
Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus one of the above awards		Date earned: _____ Location/Agency: _____						
2								
Name								
Address								
City Postal code								
Phone								
E-mail								
Date of Birth								
Year								
Month								
Day								
Prerequisites:								
Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI		Date earned: _____ Location: _____						
Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus one of the above awards		Date earned: _____ Location/Agency: _____						
3								
Name								
Address								
City Postal code								
Phone								
E-mail								
Date of Birth								
Year								
Month								
Day								
Prerequisites:								
Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI		Date earned: _____ Location: _____						
Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus one of the above awards		Date earned: _____ Location/Agency: _____						
4								
Name								
Address								
City Postal code								
Phone								
E-mail								
Date of Birth								
Year								
Month								
Day								
Prerequisites:								
Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI		Date earned: _____ Location: _____						
Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus one of the above awards		Date earned: _____ Location/Agency: _____						
5								
Name								
Address								
City Postal code								
Phone								
E-mail								
Date of Birth								
Year								
Month								
Day								
Prerequisites:								
Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI		Date earned: _____ Location: _____						
Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus one of the above awards		Date earned: _____ Location/Agency: _____						
6								
Name								
Address								
City Postal code								
Phone								
E-mail								
Date of Birth								
Year								
Month								
Day								
Prerequisites:								
Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI		Date earned: _____ Location: _____						
Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus one of the above awards		Date earned: _____ Location/Agency: _____						

Check box if there are more candidates on reverse side or attached.

This test sheet is page _____ of _____ pages.

Satisfactory Performance

F - Fail

Total Pass

Total Fail

Instructor information

Instructor's name _____ ID # _____

E-mail address _____

Signature _____ Phone _____

Course information

Course is: _____

Completion date: _____ Year _____ Month _____ Day _____

Course location _____ Phone _____

Payment information: Program fees Attached Invoice

Purchase order # _____

Affiliate name _____ Phone _____

Return completed test sheet to the Lifesaving Society Branch Office promptly after the course. Retain copies for your records. Do not send cash by mail.



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		Emergency First Aid Items	Standard First Aid Items	Pressure-related injury	Aquatic spinal injury management	Water rescue 1	Water rescue 2	Result
7	Date of Birth	1-17	18-34	35	36	37	38	
Name	Year							
Address	Month	Prerequisites:						
City Postal code	Day	Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI Date earned: _____ Location: _____						
Phone		Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus _____ Date earned: _____ Location/Agency: _____						
E-mail		one of the above awards						
8	Date of Birth							
Name	Year							
Address	Month	Prerequisites:						
City Postal code	Day	Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI Date earned: _____ Location: _____						
Phone		Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus _____ Date earned: _____ Location/Agency: _____						
E-mail		one of the above awards						
9	Date of Birth							
Name	Year							
Address	Month	Prerequisites:						
City Postal code	Day	Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI Date earned: _____ Location: _____						
Phone		Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus _____ Date earned: _____ Location/Agency: _____						
E-mail		one of the above awards						
10	Date of Birth							
Name	Year							
Address	Month	Prerequisites:						
City Postal code	Day	Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI Date earned: _____ Location: _____						
Phone		Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus _____ Date earned: _____ Location/Agency: _____						
E-mail		one of the above awards						
11	Date of Birth							
Name	Year							
Address	Month	Prerequisites:						
City Postal code	Day	Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI Date earned: _____ Location: _____						
Phone		Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus _____ Date earned: _____ Location/Agency: _____						
E-mail		one of the above awards						
12	Date of Birth							
Name	Year							
Address	Month	Prerequisites:						
City Postal code	Day	Original: <input type="checkbox"/> BM <input type="checkbox"/> BC <input type="checkbox"/> NLS <input type="checkbox"/> LSI Date earned: _____ Location: _____						
Phone		Recert: <input type="checkbox"/> AEC or <input type="checkbox"/> SFA plus _____ Date earned: _____ Location/Agency: _____						
E-mail		one of the above awards						

Check box if there are more candidates on reverse side or attached.

This test sheet is page _____ of _____ pages.

Satisfactory Performance

F - Fail

Total Pass

Total Fail

Instructor information

Instructor's name _____ ID # _____

E-mail address _____

Signature _____ Phone _____

Course information

Completion date: _____ Year _____ Month _____ Day _____

Course location _____ Phone _____

Program fees Attached Invoice

Purchase order # _____

Affiliate name _____ Phone _____

Course is:

Original OR Recert