



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Waterfront (Revised 2004)

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

Gender

Date of birth

Prerequisites checked	Core						Waterfront Option						Result			
	Lifeguarding theory and practice	Lifeguard communication	Lifeguard communication	Management of drowning victim	Management of submerged victim	Management of spinal-injured victim	Supervision: victim recognition	Waterfront analysis	Supervisor: scanning & observation	Supervision: positioning & rotation	Use of rescue craft	Skin diving skills		Waterfront search: missing person	Entries and removals	Physical standard
	1*	2a*	2b*	3a*	3b*	3c*	4*	1*	2a*	2b*	3*	4*	5*	6*	7*	8

* Items are instructor evaluated

1 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year																
	Month																
	Day																
	Prereq: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																
2 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year																
	Month																
	Day																
	Prereq: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																
3 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year																
	Month																
	Day																
	Prereq: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																
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6 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year																
	Month																
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	Prereq: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

Instructor information Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	Exam information Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
Awards information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: _____ Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____	This section to be completed by the NLS Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____



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The Lifeguarding Experts

National Lifeguard: Waterfront (Revised 2004)

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

Gender

Date of birth

Prerequisites checked	Core						Waterfront Option								Result	
	Lifeguarding theory and practice	Lifeguard communication	Lifeguard communication	Management of drowning victim	Management of submerged victim	Management of spinal-injured victim	Supervision: victim recognition	Waterfront analysis	Supervisor: scanning & observation	Supervision: positioning & rotation	Use of rescue craft	Skin diving skills	Waterfront search: missing person	Entries and removals		Physical standard
	1*	2a*	2b*	3a*	3b*	3c*	4*	1*	2a*	2b*	3*	4*	5*	6*	7*	8

* Items are instructor evaluated

7 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year Month Day	Prereq.: <i>Original</i> : Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ <i>Recert</i> : NLS Date earned: _____ Location: _____
8 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year Month Day	Prereq.: <i>Original</i> : Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ <i>Recert</i> : NLS Date earned: _____ Location: _____
9 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year Month Day	Prereq.: <i>Original</i> : Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ <i>Recert</i> : NLS Date earned: _____ Location: _____
10 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year Month Day	Prereq.: <i>Original</i> : Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ <i>Recert</i> : NLS Date earned: _____ Location: _____
11 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year Month Day	Prereq.: <i>Original</i> : Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ <i>Recert</i> : NLS Date earned: _____ Location: _____
12 Name <input type="checkbox"/> M <input type="checkbox"/> F Address City Postal Code E-mail Phone	Year Month Day	Prereq.: <i>Original</i> : Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ <i>Recert</i> : NLS Date earned: _____ Location: _____

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

Host name (Affiliate) _____ Telephone _____ 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.	Exam information Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____ This section to be completed by the NLS Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____
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