



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Waterpark (Revised 2004)

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

1	2	3	4	5	6	Prerequisites checked	Waterpark analysis	Slides	River rides	Wave pools	Waterpark orientation	Entries and removals	Waterpark search: missing person	Spinal injury	Waterpark emergencies: slide rescue	Waterpark lifeguarding situations	Result
							*1	*2	*3	*4	*5	*6	*7	*8	9	10	
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							* Items are instructor evaluated										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____							Prereq.: Original: NLS Pool 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

This test sheet is Page _____ of _____ Pages.

Total Pass for Exam Total Fail for Exam

Instructor information Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____		Exam information Exam date: _____ Exam is: () () () <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		This section to be completed by the NLS Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	
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 _____			



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

7	Name	M	F	Address	City	Postal Code	E-mail	Phone	Year	Month	Day	Prerequisites checked	Waterpark analysis	Slides	River rides	Wave pools	Waterpark orientation	Entries and removals	Waterpark search: missing person	Spinal injury	Waterpark emergencies: slide rescue	Waterpark lifeguarding situations	Result					
													*1	*2	*3	*4	*5	*6	*7	*8	9	10						
* Items are instructor evaluated																												
Prereq.:													Original: NLS Pool 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.

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