



Waterpark

Revised 2022

This test sheet is for original exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

Prerequisites checked	Prerequisites checked												Result						
	1*	2*	3*	4*	5*	6a*	6b*	7*	8a*	8b*	8c*	9*		10*	11a*	11b*	11c*	11d*	12
* Items are instructor-evaluated																			
1 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Year	Month	Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____														
2 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Year	Month	Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____														
3 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Year	Month	Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____														
4 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone		Year	Month	Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____														

Check this 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

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) () Telephone ()

Street address

City Prov. Postal code

Exam Information

Exam date: YY MM DD

Facility name (e.g., name of waterpark) Telephone ()

Instructor Information

Instructor's name ID#

E-mail address ()

Telephone Signature

Individual who examined the candidates Same as Instructor or

Examiner's name ID#

E-mail address ()

Telephone Signature

Individual who apprenticed on the exam Same as Instructor or

Apprentice's name ID#



Waterpark

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This test sheet is for original exam candidates only.

Side 2: Please record each candidate's name and contact information accurately.

Gender

Date of birth

Prerequisites checked

Waterpark orientation & analysis	Lifeguarding slides	Lifeguarding river rides	Lifeguarding wave pools	Entries & removals	Sprint challenge	Object recovery	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team
1*	2*	3*	4*	5*	6a*	6b*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12

* Items are instructor-evaluated

Result

5 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Year Month Day	Prerequisites National Lifeguard Pool Date earned: _____ Location: _____																
		6 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone																
		Prerequisites National Lifeguard Pool Date earned: _____ Location: _____																
		7 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone																
		Prerequisites National Lifeguard Pool Date earned: _____ Location: _____																
8 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone																		
Prerequisites National Lifeguard Pool Date earned: _____ Location: _____																		

Check this 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

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

Invoicing Information Host name (Affiliate or Organization paying the exam fees)	Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ () _____ Telephone _____ Signature _____
Exam Information Exam date: ____ YY ____ MM ____ DD	