



LIFESAVING SOCIETY

The Lifeguarding Experts

Aquatic Master Sheet

- Assistant Instructor
- Standard 1st Aid Instructor
- Coach Level 1
- Core Instructor Clinic
- Swim Instructor
- BOAT Instructor
- Officials Instructor
- Exam Standards Clinic
- Lifesaving Instructor
- National Lifeguard Instructor
- \_\_\_\_\_
- Inclusion Clinic
- Advanced Instructor
- Aquatic Supervisor Instructor
- \_\_\_\_\_
- Instructor Trainer Clinic

Host name (Affiliate) _____ ( ) Telephone _____	Affiliate Contact Person _____ ( ) Telephone _____ ( ) Email _____
Exam date: ____ YY ____ MM ____ DD	<i>All candidates shown as passed have completed all items to the required standard.</i>
Street address _____	
City _____ Prov. _____ Postal code _____ ( )	
Facility name (e.g., name of pool) _____ Telephone _____	
Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached	Lifesaving Society Trainer's name _____ ID# _____ Email address _____ ( ) Telephone _____ Signature _____

**P - Pass      F - Fail**

TOTAL ENROLLED \_\_\_\_\_ TOTAL PASS \_\_\_\_\_ TOTAL FAIL \_\_\_\_\_

Name/Address/Telephone/Email ( <i>Please print legibly</i> )	Date of Birth YY MM DD	Prerequisites checked	Teaching	Evaluating	Knowledge	Leadership	Safety supervision	Result	
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">1</div> _____ _____ _____ _____	/ / _____ Lifesaving Society ID #								
Prerequisite(s): _____ Date earned: _____ Location: _____		Date earned: _____ Location: _____							
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">2</div> _____ _____ _____ _____	/ / _____ Lifesaving Society ID #								
Prerequisite(s): _____ Date earned: _____ Location: _____		Date earned: _____ Location: _____							
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">3</div> _____ _____ _____ _____	/ / _____ Lifesaving Society ID #								
Prerequisite(s): _____ Date earned: _____ Location: _____		Date earned: _____ Location: _____							

P - Pass    F - Fail		Date of Birth YY   MM   DD		Prerequisites checked	Teaching	Evaluating	Knowledge	Leadership	Safety supervision	Result
Name/Address/Telephone/Email ( <i>Please print legibly</i> )		/ /								
		Lifesaving Society ID #								
Prerequisite(s): _____		Date earned: _____								
Location: _____		Date earned: _____								
Location: _____		Date earned: _____								
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