



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Waterfront (Revised 2004)

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

Date of birth	Prerequisites checked	Core								Waterfront Option								Result
		1*	2a*	2b*	3a*	3b*	3c*	4*	1*	2a*	2b*	3*	4*	5*	6*	7*	8	
		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	Waterfront lifeguarding situations	
* Items are instructor evaluated																		

1 Name 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 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 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: _____																	
4 Name Address City Postal Code E-mail Phone	Year																	
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	Prereq.: Original: Bronze Cross Date earned: _____ Location: _____ Standard 1st Aid Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																	
5 Name Address City Postal Code E-mail Phone	Year																	
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6 Name Address City Postal Code E-mail Phone	Year																	
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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: ____ YY ____ MM ____ DD 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 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 _____



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Waterfront (Revised 2004)

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

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	Waterfront lifeguarding situations	
		1*	2a*	2b*	3a*	3b*	3c*	4*	1*	2a*	2b*	3*	4*	5*	6*	7*	8	
* Items are instructor evaluated																		
7																		
Name	Year																	
Address	Month																	
City	Postal Code																	
E-mail	Phone																	
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Name	Year																	
Address	Month																	
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Name	Year																	
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Name	Year																	
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Name	Year																	
Address	Month																	
City	Postal Code																	
E-mail	Phone																	
	Day																	
		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.

Host name (Affiliate) _____ Telephone _____

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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: Original **OR** Recert

YY MM DD

Facility name (e.g., name of pool) _____ Telephone _____

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This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

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Telephone _____ Signature _____