



LIFESAVING SOCIETY
The Lifeguarding Experts

Water Rescue for First Responders

NAME & ADDRESS
(Please print)

NAME & ADDRESS (Please print)		Date of Birth	Item 1: Self-Rescue	Item 2: HELP	Item 3: Defenses & Releases	Item 4: Object Support	Item 5: Fitness Challenge	Item 6: Endurance Challenge	Item 7: 1-rescuer CPR Adult	Item 8: Spinal-injured Victim	Item 9: Hypothermia	Item 10: Victim Recognition	Item 11: Search	Item 12: Rescue 1	Item 13: Rescue 2	Item 14: Rescue 3	RESULT	
Name		Year																
Address		Month																
City	Postal Code	Day																
Name		Year																
Address		Month																
City	Postal Code	Day																
Name		Year																
Address		Month																
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Address		Month																
City	Postal Code	Day																
Name		Year																
Address		Month																
City	Postal Code	Day																

Payment Information - Send Invoice/Receipt to:

Host Affiliate (Pool) _____

Address _____

City _____ Postal Code _____

Telephone _____ email _____

Exam Date:

____ / ____ / ____
Year Month Day

Instructor Information:

Name _____ Lifesaving Society ID _____

Telephone _____ email _____

Signature _____

Exam fees attached? Yes?

No?

Please return test sheets to the Lifesaving Society office.
Retain one copy for your records.