



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Open Water Official

(Updated 2017)

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

			Date of birth	Prerequisites	1	2	3	4	5	6a	6b	6c	6d	6e	6f	6g	6h	6i	Result
				The Lifesaving Society															
				Lifesaving Sport Overview															
				Expectations and Responsibilities															
				Lifesaving Sport Safety															
				Competition Manuals															
				Clerk of Course															
				Starter															
				Check Starter															
				Course Judge															
				Finish Judge															
				Chief Finish Judge															
				Scorer															
				Safety Officer															
				Equipment Crew Chief															
<b>1</b>	Name	Year		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____															
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail																		
	Phone																		
<b>2</b>	Name	Year		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____															
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail																		
	Phone																		
<b>3</b>	Name	Year		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____															
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail																		
	Phone																		
<b>4</b>	Name	Year		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____															
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail																		
	Phone																		
<b>5</b>	Name	Year		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____															
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail																		
	Phone																		

Check box if there are more candidates on the reverse side of this page. This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

- Satisfactory Performance    **F** - Fail    Total Pass for Exam     Total Fail for Exam

<b>Instructor information</b> Instructor's name _____ ID# _____ E-mail address ( ) _____ Telephone _____ Signature _____		<b>Exam information</b> Exam date: ____ YY ____ MM ____ DD    Exam is: <input type="checkbox"/> Original <b>OR</b> <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____	
<b>Awards information</b> <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		<b>This section to be completed by the Officials Instructor who examined the candidates.</b> Instructor's name _____ ID# _____ E-mail address ( ) _____ Telephone _____ Signature required _____	
<b>Payment information</b> <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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# Open Water Official

(Updated 2017)

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

			Date of birth	Prerequisites	1	2	3	4	5	6a	6b	6c	6d	6e	6f	6g	6h	6i	Result
				The Lifesaving Society															
				Lifesaving Sport Overview															
				Expectations and Responsibilities															
				Lifesaving Sport Safety															
				Competition Manuals															
				Clerk of Course															
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				Course Judge															
				Finish Judge															
				Chief Finish Judge															
				Scorer															
				Safety Officer															
				Equipment Crew Chief															
<b>6</b>	Name	Year																	
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																
	Phone																		
<b>7</b>	Name	Year																	
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																
	Phone																		
<b>8</b>	Name	Year																	
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																
	Phone																		
<b>9</b>	Name	Year																	
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																
	Phone																		
<b>10</b>	Name	Year																	
	Address Apt #	Month																	
	City Postal Code	Day																	
	E-mail		<b>Prerequisites</b> Officiating experience <input type="checkbox"/> Community Official Date earned: _____ Location: _____																
	Phone																		

Check box if there are more candidates on the reverse side of this page. This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

- Satisfactory Performance    **F** - Fail    Total Pass for Exam     Total Fail for Exam

Host name (Affiliate) _____ ( ) Telephone _____  <b>Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet.</b> Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.	<b>Exam information</b> Exam date: _____ Exam is: <input type="checkbox"/> Original <b>OR</b> <input type="checkbox"/> Recert YY MM DD Facility name (e.g., name of pool) _____ Telephone _____
	<b>This section to be completed by the Officials Instructor who examined the candidates.</b> Instructor's name _____ ID# _____ E-mail address _____ ( ) Telephone _____ Signature required _____