



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Safeguard

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

Date of birth	Safety supervision	Site analysis	Victim recognition	Communication	Low risk rescue knowledge and skills	Result
	1	2	3	4	5	
<b>1</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....						
<b>2</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....						
<b>3</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....						
<b>4</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone .....						
<b>5</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... 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

**Payment information**     Exam fees attached     Exam fees not attached

Send invoice or receipt to:

Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

**Exam information**

Exam date: \_\_\_\_ YY \_\_\_\_ MM \_\_\_\_ DD    Exam is:     Original **OR**  Recert

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**Lifesaving and Emergency First Aid Instructor who also holds National Lifeguard**

Instructor's name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_  
( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature required \_\_\_\_\_

**Lifesaving and Emergency First Aid Instructor who also holds National Lifeguard**

Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail address \_\_\_\_\_  
( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature required \_\_\_\_\_



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Safeguard

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

Date of birth	Safety supervision	Site analysis	Victim recognition	Communication	Low risk rescue knowledge and skills	Result
	1	2	3	4	5	
<b>6</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....						
<b>7</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....						
<b>8</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....						
<b>9</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....						
<b>10</b> Name ..... Address ..... Apt # ..... City ..... Postal Code ..... E-mail ..... Phone ..... Year ..... Month ..... Day .....						

**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 _____	Please complete Instructor and Payment information sections on Side 1 of the test sheet. 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:    YY    MM    DD    Exam is: <input type="checkbox"/> Original <b>OR</b> <input type="checkbox"/> Recert	<b>Lifesaving and Emergency First Aid Instructor who also holds National Lifeguard</b> Name _____ ID# _____ E-mail address _____ (      ) _____ Telephone _____ Signature required _____
Facility name (e.g., name of pool) _____ (      ) _____ Telephone _____	