



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	
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: _____ <input type="checkbox"/> CPR-C										
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: _____ <input type="checkbox"/> CPR-C										
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: _____ <input type="checkbox"/> CPR-C										
4 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: _____ <input type="checkbox"/> CPR-C										
5 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: _____ <input type="checkbox"/> CPR-C										
6 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: _____ <input type="checkbox"/> CPR-C										

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: _____ Exam is: YY MM DD <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		This section to be completed by the NLS Examiner who examined the candidates.	
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 _____		Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	



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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																				
	Address																				
	City	Postal Code															Prereq.:	Date earned:		Location:	
	E-mail	Phone															Original: Bronze Cross	Date earned:		Location:	
																	Standard 1st Aid	Date earned:		Location:	
																	Recert: NLS	Date earned:		Location: <input type="checkbox"/> CPR-C	
8	Name																				
	Address																				
	City	Postal Code															Prereq.:	Date earned:		Location:	
	E-mail	Phone															Original: Bronze Cross	Date earned:		Location:	
																	Standard 1st Aid	Date earned:		Location:	
																	Recert: NLS	Date earned:		Location: <input type="checkbox"/> CPR-C	
9	Name																				
	Address																				
	City	Postal Code															Prereq.:	Date earned:		Location:	
	E-mail	Phone															Original: Bronze Cross	Date earned:		Location:	
																	Standard 1st Aid	Date earned:		Location:	
																	Recert: NLS	Date earned:		Location: <input type="checkbox"/> CPR-C	
10	Name																				
	Address																				
	City	Postal Code															Prereq.:	Date earned:		Location:	
	E-mail	Phone															Original: Bronze Cross	Date earned:		Location:	
																	Standard 1st Aid	Date earned:		Location:	
																	Recert: NLS	Date earned:		Location: <input type="checkbox"/> CPR-C	
11	Name																				
	Address																				
	City	Postal Code															Prereq.:	Date earned:		Location:	
	E-mail	Phone															Original: Bronze Cross	Date earned:		Location:	
																	Standard 1st Aid	Date earned:		Location:	
																	Recert: NLS	Date earned:		Location: <input type="checkbox"/> CPR-C	
12	Name																				
	Address																				
	City	Postal Code															Prereq.:	Date earned:		Location:	
	E-mail	Phone															Original: Bronze Cross	Date earned:		Location:	
																	Standard 1st Aid	Date earned:		Location:	
																	Recert: NLS	Date earned:		Location: <input type="checkbox"/> CPR-C	

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 _____ 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: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
	This section to be completed by the NLS Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____