



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Waterpark (Revised 2004)

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

1 Name Address City Postal Code E-mail Phone	Date of birth Year Month Day	Prerequisites checked	Waterpark analysis	Slides	River rides	Wave pools	Waterpark orientation	Entries and removals	Waterpark search: missing person	Spinal injury	Waterpark emergencies: slide rescue	Waterpark lifeguarding situations	Result
			*1	*2	*3	*4	*5	*6	*7	*8	9	10	
			* Items are instructor evaluated										
Name Address City Postal Code E-mail Phone	Year Month Day	Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C											
Name Address City Postal Code E-mail Phone	Year Month Day	Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C											
Name Address City Postal Code E-mail Phone	Year Month Day	Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C											
Name Address City Postal Code E-mail Phone	Year Month Day	Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C											
Name Address City Postal Code E-mail Phone	Year Month Day	Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C											
Name Address City Postal Code E-mail Phone	Year Month Day	Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> 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 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:
Waterpark** (Revised 2004)

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

7 Name Address City Postal Code E-mail Phone	Date of birth Year Month Day	Prerequisites checked	Waterpark analysis	Slides	River rides	Wave pools	Waterpark orientation	Entries and removals	Waterpark search: missing person	Spinal injury	Waterpark emergencies: slide rescue	Waterpark lifeguarding situations	Result
			*1	*2	*3	*4	*5	*6	*7	*8	9	10	
			* Items are instructor evaluated										
Name Address City Postal Code E-mail Phone	Year Month Day												
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C													
Name Address City Postal Code E-mail Phone	Year Month Day												
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C													
Name Address City Postal Code E-mail Phone	Year Month Day												
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C													
Name Address City Postal Code E-mail Phone	Year Month Day												
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C													
Name Address City Postal Code E-mail Phone	Year Month Day												
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C													
Name Address City Postal Code E-mail Phone	Year Month Day												
Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____ <input type="radio"/> CPR-C													

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, 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

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 _____