NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Waterpark

Revised 2022

This test sheet is for original exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

	Gender	Date of birth	Prerequisites checked	Waterpark orientation & analysis	Lifeguarding slides	Lifeguarding river rides	Lifeguarding wave pools	Entries & removals	Sprint challenge	Object recovery	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
			1*	2*	3*	4*	5*	6a*	6b*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12*		
			* Items are instructor-evaluated																			
1 Last name	M F	Year Month Day																				
First name																						
Address																						
City Prov. Postal Code																						
E-mail																						
Phone																						
			Prerequisites National Lifeguard Pool — Date earned: _____ Location: _____																			
2 Last name	M F	Year Month Day																				
First name																						
Address																						
City Prov. Postal Code																						
E-mail																						
Phone																						
			Prerequisites National Lifeguard Pool — Date earned: _____ Location: _____																			
3 Last name	M F	Year Month Day																				
First name																						
Address																						
City Prov. Postal Code																						
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			Prerequisites National Lifeguard Pool — Date earned: _____ Location: _____																			
4 Last name	M F	Year Month Day																				
First name																						
Address																						
City Prov. Postal Code																						
E-mail																						
Phone																						
			Prerequisites National Lifeguard Pool — Date earned: _____ Location: _____																			

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

✔ - Satisfactory Performance X - Fail **Total Pass for Exam** ☐ **Total Fail for Exam** ☐

Invoicing Information

( )
Host name (Affiliate or Organization paying the exam fees) Telephone

Street address

City Prov. Postal code

Exam Information

Exam date:
YY MM DD

( )
Facility name (e.g., name of waterpark) **Telephone**

Instructor Information

Instructor's name ID#

E-mail address
( )
Telephone Signature

Individual who examined the candidates Same as Instructor ☐ **or**

Examiner's name ID#

E-mail address
( )
Telephone Signature

Individual who apprenticed on the exam Same as Instructor ☐ **or**

Apprentice's name ID#

NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Waterpark

Revised 2022

This test sheet is for original exam candidates only.

Side 2: Please record each candidate's name and contact information accurately.

	Gender	Date of birth	Prerequisites checked	Waterpark orientation & analysis	Lifeguarding slides	Lifeguarding river rides	Lifeguarding wave pools	Entries & removals	Sprint challenge	Object recovery	Lifeguard communication	Positioning & rotation	Scanning & observation	Prevention & intervention	Specialized techniques	Missing person	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
				1*	2*	3*	4*	5*	6a*	6b*	7*	8a*	8b*	8c*	9*	10*	11a*	11b*	11c*	11d*	12*	
				* Items are instructor-evaluated																		
5	M F	Year / Month / Day																				
6	M F	Year / Month / Day																				
7	M F	Year / Month / Day																				
8	M F	Year / Month / Day																				

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Last name
First name
Address
City Prov. Postal Code
E-mail
Phone

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Address
City Prov. Postal Code
E-mail
Phone

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Last name
First name
Address
City Prov. Postal Code
E-mail
Phone

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Last name
First name
Address
City Prov. Postal Code
E-mail
Phone

Prerequisites
National Lifeguard Pool
Date earned: _____ Location: _____

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

✔ - Satisfactory Performance

X - Fail

Total Pass for Exam ☐

Total Fail for Exam ☐

Please complete all sections on Side 1 of test sheet. Host, exam information *and* examiner *sections must be completed on both sides 1 and 2 of the test sheet.*

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Exam Information

Exam date: _____
YY MM DD

Individual who examined the candidates Same as Side 1 ☐ (***sign below***) **or**

Examiner's name ID#

E-mail address

( )
Telephone Signature