



LIFESAVING SOCIETY
The Lifeguarding Experts

Meet Manager & Referee

(Updated 2017)

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

			Date of birth	Prerequisites													Result					
				1a	1b	1c	1d	1e	1f	1g	1h	1i	2	3	4	5		6	7	8		
1 Name Address Apt # City Postal Code E-mail Phone			Year Month Day																			
				Prerequisites Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																		
2 Name Address Apt # City Postal Code E-mail Phone			Year Month Day																			
				Prerequisites Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																		
3 Name Address Apt # City Postal Code E-mail Phone			Year Month Day																			
				Prerequisites Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																		
4 Name Address Apt # City Postal Code E-mail Phone			Year Month Day																			
				Prerequisites Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																		
5 Name Address Apt # City Postal Code E-mail Phone			Year Month Day																			
				Prerequisites Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																		

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

Instructor information Instructor's name _____ ID# _____ E-mail address () _____ Telephone _____ Signature _____		Exam information Exam date: ____ YY ____ MM ____ DD Exam is: <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 Officials Instructor who examined the candidates. Instructor's name _____ ID# _____ E-mail address () _____ Telephone _____ Signature required _____	
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 _____			



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(Updated 2017)

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

			Date of birth																Result		
			Prerequisites																		
			1a	1b	1c	1d	1e	1f	1g	1h	1i	2	3	4	5	6	7	8			
6 Name Address Apt # City Postal Code E-mail Phone	Year																				
	Month																				
	Day																				
	Prerequisites			Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																	
	Prerequisites																				
7 Name Address Apt # City Postal Code E-mail Phone	Year																				
	Month																				
	Day																				
	Prerequisites			Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																	
	Prerequisites																				
8 Name Address Apt # City Postal Code E-mail Phone	Year																				
	Month																				
	Day																				
	Prerequisites			Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																	
	Prerequisites																				
9 Name Address Apt # City Postal Code E-mail Phone	Year																				
	Month																				
	Day																				
	Prerequisites			Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																	
	Prerequisites																				
10 Name Address Apt # City Postal Code E-mail Phone	Year																				
	Month																				
	Day																				
	Prerequisites			Officiating experience <input type="checkbox"/> Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/> Date earned: _____ Location: _____																	
	Prerequisites																				

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