



LIFESAVING SOCIETY
The Lifeguarding Experts

Aquatic Master Sheet

FOR USE WITH THE "OLD" LEADERSHIP PROGRAM

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials Instructor | <input type="checkbox"/> Aquatic Supervisor Instructor | <input type="checkbox"/> Aquatic Safety Inspector Instructor |
| <input type="checkbox"/> Coach Level 1 | <input type="checkbox"/> Pool Operator Instructor | <input type="checkbox"/> SEE Auditor Instructor |
| <input type="checkbox"/> Coach Level 2 | <input type="checkbox"/> Aquatic Safety Auditor Instructor | |

Host name (Affiliate) _____ () Telephone _____ Exam date: ____ / ____ / ____ YY MM DD Street address _____ City _____ Prov. _____ Postal code _____ _____ () Facility name (e.g., name of pool) _____ Telephone _____ Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached	Affiliate Contact Person _____ () Telephone _____ Email _____ <i>All candidates shown as passed have completed all items to the required standard.</i> Lifesaving Society Trainer's name _____ ID# _____ Email address _____ () Telephone _____ Signature _____
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P - Pass F - Fail

TOTAL ENROLLED _____ TOTAL PASS _____ TOTAL FAIL _____

Name/Address/Telephone/Email (<i>Please print legibly</i>)	Date of Birth YY MM DD	Prerequisites checked	Teaching	Evaluating	Knowledge	Leadership	Safety supervision	Result	
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin-bottom: 5px;">1</div> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	/ / Lifesaving Society ID # _____								
Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____									
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin-bottom: 5px;">2</div> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	/ / Lifesaving Society ID # _____								
Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____									
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center; margin-bottom: 5px;">3</div> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	/ / Lifesaving Society ID # _____								
Prerequisite(s): _____ Date earned: _____ Date earned: _____ Location: _____ Location: _____									

Name/Address/Telephone/Email (<i>Please print legibly</i>)		Date of Birth			Prerequisites checked	Teaching	Evaluating	Knowledge	Leadership	Safety supervision	Result
		YY	MM	DD							
<input type="checkbox"/>		/	/								
Lifesaving Society ID #											
Prerequisite(s):											
Date earned:							Date earned:				
Location:							Location:				
<input type="checkbox"/>		/	/								
Lifesaving Society ID #											
Prerequisite(s):											
Date earned:							Date earned:				
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Lifesaving Society ID #											
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Date earned:							Date earned:				
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Lifesaving Society ID #											
Prerequisite(s):											
Date earned:							Date earned:				
Location:							Location:				
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Lifesaving Society ID #											
Prerequisite(s):											
Date earned:							Date earned:				
Location:							Location:				