



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Aquatic Supervisory Training

Please print each candidate's name, and contact information

			Demonstrate an understanding of:										Result
			Responsibilities of the aquatic supervisor	Managing risk	Facility management	Supervisory skills	Planning and organizing	Communication	Motivation	Evaluation	Providing quality service	Role of the Lifesaving Society	
Date of birth			Prerequisites checked										
			1	2	3	4	5	6	7	8	9	10	
1	Name.....	Year.....											
	Address.....	Month.....	Current Lifesaving Instructor - Earned at (location):										Date:
	City..... Postal Code.....	Day.....	OR Current National Lifeguard - Earned at (location):										Date:
	E-mail..... Phone.....												
2	Name.....	Year.....											
	Address.....	Month.....	Current Lifesaving Instructor - Earned at (location):										Date:
	City..... Postal Code.....	Day.....	OR Current National Lifeguard - Earned at (location):										Date:
	E-mail..... Phone.....												
3	Name.....	Year.....											
	Address.....	Month.....	Current Lifesaving Instructor - Earned at (location):										Date:
	City..... Postal Code.....	Day.....	OR Current National Lifeguard - Earned at (location):										Date:
	E-mail..... Phone.....												
4	Name.....	Year.....											
	Address.....	Month.....	Current Lifesaving Instructor - Earned at (location):										Date:
	City..... Postal Code.....	Day.....	OR Current National Lifeguard - Earned at (location):										Date:
	E-mail..... Phone.....												
5	Name.....	Year.....											
	Address.....	Month.....	Current Lifesaving Instructor - Earned at (location):										Date:
	City..... Postal Code.....	Day.....	OR Current National Lifeguard - Earned at (location):										Date:
	E-mail..... Phone.....												
6	Name.....	Year.....											
	Address.....	Month.....	Current Lifesaving Instructor - Earned at (location):										Date:
	City..... Postal Code.....	Day.....	OR Current National Lifeguard - Earned at (location):										Date:
	E-mail..... Phone.....												

Permanent cards are mailed directly to successful candidates. Please ensure addresses are legible and complete.



- Satisfactory Performance



- Fail

Total Pass

Total Fail

### Instructor information

Instructor's name \_\_\_\_\_ ID# (optional) \_\_\_\_\_

E-mail address \_\_\_\_\_  
( )

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

### Exam information

Exam date: \_\_\_\_\_  
YY MM DD

Facility name (e.g., name of pool) \_\_\_\_\_ Telephone \_\_\_\_\_

**Awards information**  Awards issued by affiliate  Awards not issued

**This section to be completed by the Aquatic Supervisory Training Instructor who examined the candidates.**

**Payment information**  Exam fees attached  Exam fees not attached

Examiner's name \_\_\_\_\_ ID# (optional) \_\_\_\_\_

Send invoice or receipt to:

E-mail address \_\_\_\_\_

Host name (Affiliate) \_\_\_\_\_ Telephone \_\_\_\_\_

Street address \_\_\_\_\_

( ) Telephone \_\_\_\_\_ Signature \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_