



LIFESAVING SOCIETY
The Lifeguarding Experts

Pool Attendant

(Revised 2024)

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

The Lifesaving Society	Theory and practice	Communication	Aquatic facility analysis	Drowning resuscitation	Victim recognition	Spinal injury management	Supervision: scanning and observation	Supervision: positioning and rotation	Supervision: intervention	Management of an injured victim	Rescue: non-breathing victim	Result
1	2	3	4	5	6	7	8a	8b	8c	9	10	

1
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
14 years of age and Standard First Aid certification earned:
Date Earned: _____ Location: _____

2
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
14 years of age and Standard First Aid certification earned:
Date Earned: _____ Location: _____

3
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
14 years of age and Standard First Aid certification earned:
Date Earned: _____ Location: _____

4
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
14 years of age and Standard First Aid certification earned:
Date Earned: _____ Location: _____

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

– Satisfactory Performance
 – Fail

Total Pass for Exam

Total Fail for Exam

Please complete all sections below

Payment Information

Host name (Affiliate) _____ () telephone _____
Street address _____
City _____ Prov. _____ Postal Code _____

Instructor Information

Instructor's name _____ ID# _____
E-mail address _____
() telephone _____ Signature _____

Exam Information

Exam Date: _____
YY MM DD
Facility name (e.g. name of pool) _____ () telephone _____

Individual who examined the candidates Same as instructor or

Examiner's name _____ ID# _____
E-mail address _____
() telephone _____ Signature _____

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. **Retain one copy for your records.** Do not send cash by mail.