



LIFESAVING SOCIETY
The Lifeguarding Experts

Waterpark Attendant

(Revised 2024)

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

The Lifesaving Society	Theory and practice	Physical standard: sprint challenge	Physical standard: underwater swim and object recovery	Communication	Two-rescuer removals	Surface dives and underwater swims	Team search	Two-rescuer drowning resuscitation	Spinal injury management	Object recovery and transport	Rescue drill: recover submerged victim	Endurance challenge – 400 m or yd.	Safety supervision scanning	Two-person rescue 1: multiple victims	Two-person rescue 2: submerged victim	Result
1	2	3a	3b	4	5	6	7a	7b	7c	8	9	10	11	12	13	

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

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

Permanent cards are mailed directly to successful candidates. – Satisfactory Performance **Total Pass for Exam** **Total Fail for Exam**
Please ensure addresses are legible and complete. – Fail

Please complete all sections below

Payment Information Exam fees attached Exam fees not attached
Send invoice or receipt to:
Host name (Affiliate) _____ Telephone _____
Street address _____
City _____ Prov. _____ Postal Code _____

This section to be completed by the Lifesaving Instructor who examined the candidates.
Instructor's name _____ ID# _____
E-mail address _____
Telephone _____ Signature _____

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