

The Lifeguarding Experts

## Aquatic Master Sheet FOR USE WITH THE "OLD" LEADERSHIP PROGRAM

Page 1	of	
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Coach Level 1 Pool Oper	rator Instru	ictor		Aquatic S	afety Inspe	ector Instruc	tor		
Coach Level 2 Aquatic Sa	afety Audit	or Instructor		SEE Audi	tor Instruct	or			
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Host name (Affiliate) Telephone		Affiliate Contac	ct Person				Telephone		
Exam date:		Email							
YY MM DD									
Street address		All candidates	s shown	as passed	l have com	pleted all it	ems to the i	required sta	andard.
City Prov. Postal c	ode	Lifesaving Society Trainer's name				ID#			
Facility name (e.g., name of pool)  Telephone		Email address							
Payment information	ched	Telephone				;	Signature		
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P - Pass F - Fail		Prerequisites checked	ß	ting	edge	Ship	Safety supervision			
Name/Address/Telephone/Email ( <i>Please print legibly</i> )	Date of Birth YY MM DD	Prereq	Teaching	Evaluating	Knowledge	Leadership	Safety	Result		
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