



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Aquatic Manager

(Revised 2024)

Side 1: Please record each candidate's name and contact information accurately.

	The Lifesaving Society	Aquatics: Rules Rule	Aquatic Facility Management	Aquatics: Key Players	Developing Your Aquatic Team	Oversight: Safety Supervision in the Aquatic Environment	Developing Aquatic Programs and Services	Aquatic Manager's Role in Aquatic Emergencies	Evaluation and Opportunities	Result
	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Result
<b>1</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
<b>2</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
<b>3</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
<b>4</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										

Check box if there are more candidates on the reverse side of this page.  
This test sheet is page \_\_\_\_\_ of \_\_\_\_\_ page.

– Satisfactory Performance  
X – Fail

Total Pass  
for Exam

Total Fail  
for Exam

Please complete all sections below

### Invoicing Information

Host name (Affiliate or Organization paying the exam fees) \_\_\_\_\_ 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.



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# Aquatic Manager

(Revised 2024)

Side 2: Please record each candidate's name and contact information accurately.

	The Lifesaving Society	Aquatics: Rules Rule	Aquatic Facility Management	Aquatics: Key Players	Developing Your Aquatic Team	Oversight: Safety Supervision in the Aquatic Environment	Developing Aquatic Programs and Services	Aquatic Manager's Role in Aquatic Emergencies	Evaluation and Opportunities	
	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Result
<b>5</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
<b>6</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
<b>7</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
<b>8</b> Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										

Check box if there are more candidates on the reverse side of this page.  
This test sheet is page \_\_\_\_\_ of \_\_\_\_\_ page.

– Satisfactory Performance  
 – Fail

Total Pass for Exam  Total Fail for Exam

**Please complete all sections on Side 1 of test sheet.** Host, exam information and examiner sections must be completed on both sides 1 and 2 of the sheet.

<b>Invoicing Information</b>  _____ Host name (Affiliate or Organization paying the exam fees)	<b>Individual who examined the candidates</b> Same as Side 1 <input type="checkbox"/> (sign below) or  _____ Examiner's name ID#  _____ E-mail address  ( ) Telephone Signature
<b>Exam Information</b>  Exam Date: _____ YY      MM      DD	