



LIFESAVING SOCIETY
The Lifeguarding Experts

Aquatic Supervisor

(Revised 2024)

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

The Lifesaving Society	The Role of the Supervisor	Rules of the Water	Facility Management	Safety Supervision in Programs and Services	Managing Your Aquatic Team	Customer Engagement	Emergency Response – as a Supervisor	Evaluation and Opportunities	Result
Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	Result

1 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
	Prerequisites checked: <input type="checkbox"/>									
	<input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
	National Lifeguard Date earned: _____ Location: _____									
2 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
	Prerequisites checked: <input type="checkbox"/>									
	<input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
	National Lifeguard Date earned: _____ Location: _____									
3 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
	Prerequisites checked: <input type="checkbox"/>									
	<input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
	National Lifeguard Date earned: _____ Location: _____									
4 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
	Prerequisites checked: <input type="checkbox"/>									
	<input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
	National Lifeguard Date earned: _____ Location: _____									

Check box if there are more candidates on the reverse side of this page. This test sheet is page _____ of _____ page(s).

– Satisfactory Performance
 – 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 <input type="checkbox"/> 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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Side 2: Please record each candidate's name and contact information accurately.

	The Lifesaving Society	The Role of the Supervisor	Rules of the Water	Facility Management	Safety Supervision in Programs and Services	Managing Your Aquatic Team	Customer Engagement	Emergency Response – as a Supervisor	Evaluation and Opportunities	Result
	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
Prerequisites checked: <input type="checkbox"/> <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____ National Lifeguard Date earned: _____ Location: _____										
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
Prerequisites checked: <input type="checkbox"/> <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____ National Lifeguard Date earned: _____ Location: _____										
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
Prerequisites checked: <input type="checkbox"/> <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____ National Lifeguard Date earned: _____ Location: _____										
8 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____										
Prerequisites checked: <input type="checkbox"/> <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____ National Lifeguard Date earned: _____ Location: _____										

Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

– Satisfactory Performance
 – Fail

Total Pass for Exam Total Fail for Exam

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