



# Waterpark Recertification

(Revised 2024)

*This test sheet for Recertification exam candidates only.*

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

Sprint challenge	Object recovery	Positioning & rotation	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
6a	6b	8a	8b	11a	11b	11c	11d	12	Result

**1**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

National Lifeguard Waterpark Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

**2**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

National Lifeguard Waterpark Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

**3**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

National Lifeguard Waterpark 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

**Invoicing Information**

Host name (Affiliate or Organization paying the exam fees) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

**Exam Information**

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

**Individual who examined the candidates**

Examiner's name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Signature \_\_\_\_\_



# Waterpark Recertification

(Revised 2024)

*This test sheet for Recertification exam candidates only.*

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

Sprint challenge	Object recovery	Positioning & rotation	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing victim	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team	Result
6a	6b	8a	8b	11a	11b	11c	11d	12	

**4**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

National Lifeguard Waterpark Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

**5**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

National Lifeguard Waterpark Date Earned: \_\_\_\_\_ Location: \_\_\_\_\_

**6**  
Name \_\_\_\_\_  
Gender  M  F  
D.O.B. (YY/MM/DD) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Province \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Prerequisites checked:

National Lifeguard Waterpark 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       Total Pass for Exam       Total Fail for Exam

X – Fail

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