



LIFESAVING SOCIETY
The Lifeguarding Experts

Meet Manager & Referee

(Revised 2024)

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

Meet Manager	Host Representative	Volunteer Coordinator	Situation Designer	Chief Referee	Deputy Chief Referee	Sectional Referee	Event Director	Competitor Liaison	Management of Competition Personnel	Lifesaving Sport Relationships	Lifesaving Sport Safety	Competition Manuals & Score Sheets	Competition Organization & Administration	Conflict resolution – Complaints, Protests, Appeals	Situation Analysis	Result
1a	1b	1c	1d	1e	1f	1g	1h	1i	2	3	4	5	6	7	8	

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

Prerequisites checked:
 Officiating experience Pool Official or Open Water Official or Emergency Response Official
 Date Earned: _____ Location: _____

2
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience Pool Official or Open Water Official or Emergency Response Official
 Date Earned: _____ Location: _____

3
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience Pool Official or Open Water Official or Emergency Response Official
 Date Earned: _____ Location: _____

4
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience Pool Official or Open Water Official or Emergency Response Official
 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

Payment Information Exam fees attached Exam fees not attached
 Send invoice or receipt to:

 Host name (Affiliate) _____ Telephone _____
 Street address _____
 City _____ Prov. _____ Postal Code _____

Instructor Information
 Instructor's name _____ ID# _____
 E-mail address _____
 Telephone _____ Signature _____

Awards Information Awards issued by affiliate Awards not issued

This section to be completed by the Officials Instructor who examined the candidates.
 Same as instructor or

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

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.



LIFESAVING SOCIETY
The Lifeguarding Experts

Meet Manager & Referee

(Revised 2024)

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

	Meet Manager	Host Representative	Volunteer Coordinator	Situation Designer	Chief Referee	Deputy Chief Referee	Sectional Referee	Event Director	Competitor Liaison	Management of Competition Personnel	Lifesaving Sport Relationships	Lifesaving Sport Safety	Competition Manuals & Score Sheets	Competition Organization & Administration	Conflict resolution – Complaints, Protests, Appeals	Situation Analysis	Result	
	1a	1b	1c	1d	1e	1f	1g	1h	1i	2	3	4	5	6	7	8		
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
Prerequisites checked: <input type="checkbox"/>																		
Officiating experience <input type="checkbox"/>	Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/>																	
	Date Earned: _____ Location: _____																	
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
Prerequisites checked: <input type="checkbox"/>																		
Officiating experience <input type="checkbox"/>	Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/>																	
	Date Earned: _____ Location: _____																	
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
Prerequisites checked: <input type="checkbox"/>																		
Officiating experience <input type="checkbox"/>	Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/>																	
	Date Earned: _____ Location: _____																	
8 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
Prerequisites checked: <input type="checkbox"/>																		
Officiating experience <input type="checkbox"/>	Pool Official <input type="checkbox"/> or Open Water Official <input type="checkbox"/> or Emergency Response Official <input type="checkbox"/>																	
	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 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</p> <p>Host name (Affiliate or Organization paying the exam fees) _____</p> <hr/> <p>Exam Information Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert</p> <p>Exam Date: _____ YY MM DD</p> <p>Facility name (e.g. name of pool) _____ Telephone _____</p>	<p>This section is to be completed by the Officials Instructor who examined the candidates.</p> <p><input type="checkbox"/> Same as instructor or</p> <hr/> <p>Examiner's name _____ ID# _____</p> <hr/> <p>E-mail address _____</p> <p>() _____ Telephone Signature</p>
--	--