



LIFESAVING SOCIETY
The Lifeguarding Experts

Pool Official

(Revised 2024)

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

The Lifesaving Society	Lifesaving Sport Overview	Expectations and Responsibilities	Lifesaving Sport Safety	Competition Manuals	Clerk of Course	Chief Timer	Starter	Lane Judge	Turn Judge	Finish Judge	Chief Finish Judge	Scorer	Safety Officer	Equipment Crew Chief	Result
1	2	3	4	5	6a	6b	6c	6d	6e	6f	6g	6h	6i	6j	

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

Prerequisites checked:
 Officiating experience
 Community Official _____ Date Earned: _____ Location: _____

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

Prerequisites checked:
 Officiating experience
 Community Official _____ Date Earned: _____ Location: _____

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

Prerequisites checked:
 Officiating experience
 Community Official _____ Date Earned: _____ Location: _____

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

Prerequisites checked:
 Officiating experience
 Community 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 _____
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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 _____



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

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1	2	3	4	5	6a	6b	6c	6d	6e	6f	6g	6h	6i	6j	

5
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience
 Community Official _____ Date Earned: _____ Location: _____

6
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience
 Community Official _____ Date Earned: _____ Location: _____

7
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience
 Community Official _____ Date Earned: _____ Location: _____

8
Name _____
D.O.B. (YY/MM/DD) _____ Phone _____
Address _____ Province _____
City _____ Postal Code _____
Email _____

Prerequisites checked:
 Officiating experience
 Community 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

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.

Invoicing Information
Host name (Affiliate or Organization paying the exam fees) _____

This section is to be completed by the Officials Instructor who examined the candidates.
 Same as instructor or
 Examiner's name _____ ID# _____

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

E-mail address _____
 Telephone _____ Signature _____