



LIFESAVING SOCIETY  
The Lifeguarding Experts

# National Lifeguard: Waterfront (Revised 2004)

Side 1: Please print each candidate's name and contact information legibly.

Gender

Date of birth

| Prerequisites checked            | Core                             |                         |                         |                               |                                |                                     | Waterfront Option               |                     |                                    |                                     |                     |                    | Result                            |                      |                   |                                    |
|----------------------------------|----------------------------------|-------------------------|-------------------------|-------------------------------|--------------------------------|-------------------------------------|---------------------------------|---------------------|------------------------------------|-------------------------------------|---------------------|--------------------|-----------------------------------|----------------------|-------------------|------------------------------------|
|                                  | 1*                               | 2a*                     | 2b*                     | 3a*                           | 3b*                            | 3c*                                 | 4*                              | 1*                  | 2a*                                | 2b*                                 | 3*                  | 4*                 |                                   | 5*                   | 6*                | 7*                                 |
|                                  | Lifeguarding theory and practice | Lifeguard communication | Lifeguard communication | Management of drowning victim | Management of submerged victim | Management of spinal-injured victim | Supervision: victim recognition | Waterfront analysis | Supervisor: scanning & observation | Supervision: positioning & rotation | Use of rescue craft | Skin diving skills | Waterfront search: missing person | Entries and removals | Physical standard | Waterfront lifeguarding situations |
| * Items are instructor evaluated |                                  |                         |                         |                               |                                |                                     |                                 |                     |                                    |                                     |                     |                    |                                   |                      |                   |                                    |

|   |  |  |
|---|--|--|
| <b>1</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____ | Year _____<br>Month _____<br>Day _____ | Prereq.: _____<br>Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |
| <b>2</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____ | Year _____<br>Month _____<br>Day _____ | Prereq.: _____<br>Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |
| <b>3</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____ | Year _____<br>Month _____<br>Day _____ | Prereq.: _____<br>Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |
| <b>4</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____ | Year _____<br>Month _____<br>Day _____ | Prereq.: _____<br>Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |
| <b>5</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____ | Year _____<br>Month _____<br>Day _____ | Prereq.: _____<br>Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |
| <b>6</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address _____<br>City _____ Postal Code _____<br>E-mail _____ Phone _____ | Year _____<br>Month _____<br>Day _____ | Prereq.: _____<br>Original: Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br>Recert: NLS Date earned: _____ Location: _____ |

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance **F** - Fail

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

Total Pass for Exam  Total Fail for Exam

|  |  |
|--|--|
| <b>Instructor information</b><br>Instructor's name _____ ID# _____<br>E-mail address _____<br>Telephone _____ Signature _____  | <b>Exam information</b><br>Exam date: _____ Exam is:<br>YY MM DD <input type="checkbox"/> Original <b>OR</b> <input type="checkbox"/> Recert<br>Facility name (e.g., name of pool) _____ Telephone _____ |
| <b>Awards information</b> <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued<br><b>Payment information</b> <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached<br>Send invoice or receipt to: _____<br>Host name (Affiliate) _____ Telephone _____<br>Street address _____<br>City _____ Prov. _____ Postal code _____ | <b>This section to be completed by the NLS Examiner who examined the candidates.</b><br>Examiner's name _____ ID# _____<br>E-mail address _____<br>Telephone _____ Signature _____                       |



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# National Lifeguard: Waterfront (Revised 2004)

Side 2: Please print each candidate's name and contact information legibly.

Gender

Date of birth

| Prerequisites checked | Core                             |                         |                         |                               |                                |                                     | Waterfront Option               |                     |                                    |                                     |                     |                    | Result |                                   |                      |                   |
|-----------------------|----------------------------------|-------------------------|-------------------------|-------------------------------|--------------------------------|-------------------------------------|---------------------------------|---------------------|------------------------------------|-------------------------------------|---------------------|--------------------|--------|-----------------------------------|----------------------|-------------------|
|                       | Lifeguarding theory and practice | Lifeguard communication | Lifeguard communication | Management of drowning victim | Management of submerged victim | Management of spinal-injured victim | Supervision: victim recognition | Waterfront analysis | Supervisor: scanning & observation | Supervision: positioning & rotation | Use of rescue craft | Skin diving skills |        | Waterfront search: missing person | Entries and removals | Physical standard |
|                       | 1*                               | 2a*                     | 2b*                     | 3a*                           | 3b*                            | 3c*                                 | 4*                              | 1*                  | 2a*                                | 2b*                                 | 3*                  | 4*                 | 5*     | 6*                                | 7*                   | 8                 |

\* Items are instructor evaluated

|  |                      |  |
|--|----------------------|--|
| <b>7</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address<br>City Postal Code<br>E-mail Phone  | Year<br>Month<br>Day | Prereq.:<br><i>Original</i> : Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br><i>Recert</i> : NLS Date earned: _____ Location: _____ |
| <b>8</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address<br>City Postal Code<br>E-mail Phone  | Year<br>Month<br>Day | Prereq.:<br><i>Original</i> : Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br><i>Recert</i> : NLS Date earned: _____ Location: _____ |
| <b>9</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address<br>City Postal Code<br>E-mail Phone  | Year<br>Month<br>Day | Prereq.:<br><i>Original</i> : Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br><i>Recert</i> : NLS Date earned: _____ Location: _____ |
| <b>10</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address<br>City Postal Code<br>E-mail Phone | Year<br>Month<br>Day | Prereq.:<br><i>Original</i> : Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br><i>Recert</i> : NLS Date earned: _____ Location: _____ |
| <b>11</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address<br>City Postal Code<br>E-mail Phone | Year<br>Month<br>Day | Prereq.:<br><i>Original</i> : Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br><i>Recert</i> : NLS Date earned: _____ Location: _____ |
| <b>12</b><br>Name <input type="checkbox"/> M <input type="checkbox"/> F<br>Address<br>City Postal Code<br>E-mail Phone | Year<br>Month<br>Day | Prereq.:<br><i>Original</i> : Bronze Cross Date earned: _____ Location: _____<br>Standard 1st Aid Date earned: _____ Location: _____<br><i>Recert</i> : NLS Date earned: _____ Location: _____ |

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance **F** - Fail Total Pass for Exam  Total Fail for Exam

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

|  |   |
|--|---|
| Host name (Affiliate) _____ Telephone _____<br><br>Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet. | <b>Exam information</b><br>Exam date: _____ Exam is:<br>YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert<br>Facility name (e.g., name of pool) _____ Telephone _____<br><b>This section to be completed by the NLS Examiner who examined the candidates.</b><br>Examiner's name _____ ID# _____<br>E-mail address _____<br>Telephone _____ Signature _____ |
|--|---|