



LIFESAVING SOCIETY
The Lifeguarding Experts

National Lifeguard: Waterpark (Revised 2004)

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

1	2	3	4	5	6	Date of birth	Gender	Prerequisites checked	Waterpark analysis	Slides	River rides	Wave pools	Waterpark orientation	Entries and removals	Waterpark search: missing person	Spinal injury	Waterpark emergencies: slide rescue	Waterpark lifeguarding situations	Result
									*1	*2	*3	*4	*5	*6	*7	*8	9	10	
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										
Name: _____ (M) (F) Address: _____ City: _____ Postal Code: _____ E-mail: _____ Phone: _____									Year: _____ Month: _____ Day: _____ Prereq.: Original: NLS Pool Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____										

* Items are instructor evaluated

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.

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



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National Lifeguard: Waterpark (Revised 2004)

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

7	Name	M	F	Address	City	Postal Code	E-mail	Phone	Gender	Date of birth	Prerequisites checked	Waterpark analysis	Slides	River rides	Wave pools	Waterpark orientation	Entries and removals	Waterpark search: missing person	Spinal injury	Waterpark emergencies: slide rescue	Waterpark lifeguarding situations	Result
												*1	*2	*3	*4	*5	*6	*7	*8	9	10	
												* Items are instructor evaluated										
7	Name	M	F	Address	City	Postal Code	E-mail	Phone	Gender	Year	Prereq.:	Original: NLS Pool	Date earned:	Location:	Recert: NLS	Date earned:	Location:					
8	Name	M	F	Address	City	Postal Code	E-mail	Phone	Gender	Year	Prereq.:	Original: NLS Pool	Date earned:	Location:	Recert: NLS	Date earned:	Location:					
9	Name	M	F	Address	City	Postal Code	E-mail	Phone	Gender	Year	Prereq.:	Original: NLS Pool	Date earned:	Location:	Recert: NLS	Date earned:	Location:					
10	Name	M	F	Address	City	Postal Code	E-mail	Phone	Gender	Year	Prereq.:	Original: NLS Pool	Date earned:	Location:	Recert: NLS	Date earned:	Location:					
11	Name	M	F	Address	City	Postal Code	E-mail	Phone	Gender	Year	Prereq.:	Original: NLS Pool	Date earned:	Location:	Recert: NLS	Date earned:	Location:					
12	Name	M	F	Address	City	Postal Code	E-mail	Phone	Gender	Year	Prereq.:	Original: NLS Pool	Date earned:	Location:	Recert: NLS	Date earned:	Location:					

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

Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

Host name (Affiliate) _____ Telephone _____

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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.

Exam information

Exam date: _____ Exam is: Original OR Recert

YY MM DD

Facility name (e.g., name of pool) _____ Telephone _____

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This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

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Telephone _____ Signature _____