



LIFESAVING SOCIETY®

The Lifeguarding Experts

# Junior Lifeguard Club

## Performance Record

- Session (8-12 weeks)
- Seasonal (Fall/Winter/Spring/Summer)

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

Date of Birth Y/M/D	Recognition Items (WaterLog)	Swimming Skills	Lifesaving Skills	Community Education	Fitness	Leadership & Teamwork	Lifesaving Knowledge	Competition
		1	2	3	4	5	6	7
1 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____								
2 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____								
3 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____								
4 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____								
5 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____								
6 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____								

Check box if there are more candidates on the reverse side of this page.  
This test sheet is page \_\_\_ of \_\_\_ pages.

Satisfactory Performance

**Coach/ Instructor Information**

Coach Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

Coach Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

Coach Name \_\_\_\_\_ ID# \_\_\_\_\_

E-mail ( ) \_\_\_\_\_

Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Session/Season Information**

Start Date: YY MM DD \_\_\_\_\_ End Date: YY MM DD \_\_\_\_\_

Facility name \_\_\_\_\_ Telephone \_\_\_\_\_

**Club Information**

Session (8-12 weeks)

Season  Fall  Winter  Spring  Summer

Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

code \_\_\_\_\_