				Swif	twate	r Res	cue 1				Swif	watei	Resc	ue 2	
<b>\$</b>															
LIFESAVING SOCIETY®															
The Lifeguarding Experts															
Swiftwater Rescue								¥			Эe				<b>=</b>
Swiitwater neseae		_						Swiftwater Rescue 1 Result			Mechanical Advantage				Swiftwater Rescue 2 Result
		ked		נח		:IIS		1 -	ked		dva	ills	d)		2 F
		Prerequisites Checked	<u>ه</u>	Throwbag Use	Wading Skills	Swimming Skills		scue	Prerequisites Checked	<u>a</u>	al A	Swimming Skills	Throwbag Use		scne
		es	Knowledge	bag	lg SI	nin	d)	. Re	es (	Knowledge	anic	nin	bag	d)	Re
	är	uisit	No.	row	adir	/imr	Rescue	ateı	nisit	OW.	ech	/im/	ľo	Rescue	ateı
Side 1: Please print each candidate's name and contact information legibly.	Date of Birth	red	Κn	Th	M	S	Re	iftw	requ	Kn	Š	Š	나	Re	<u>if</u>
	⊠ Y/M/D	Pre	1	2	3	4	5	Sw	Pre	1	2	3	4	5	Sw
Sex M F															
ddress															
ity Postal code															
F-mail Telephone															
Sex M F															
ame															
ddress															
ity Postal code															
E-mail Telephone															
Sex M F															
lame															
ddress															
ity Postal code															
F-mail         Telephone           Sex M F         F															
lame															
ddress															
ity Postal code															
E-mail         Telephone           Sex M F         F															
lame															
ddress															
city Postal code															
ity Postal code															
F-mail Telephone Sex M F															
lame															
address															
E-mail Telephone Check box if there are more candidates on the reverse side of this page.															
This test sheet is page of pages.	<b>√</b> Satis	sfactory	/ Perfori	mance			F	Fail Total	Pass for	Course		Total	Fail for	Course	
Instructor Information	Exam	Info	rmati	on											
	Exam Da	ate:		YY		MM		DD							
Instructor's Name ID#				11		IVIIVI		טט							
E-mail .												( )			
( ) Telephone Signature	Facility name Telephone  Awards information														
Payment Information	Award □ Aw														
Exam fees attached Exam fees not attached	Awards not issued														
Send invoice or receipt to	Examiner Information														
Affiliate Telephone	Examine	r's Nan	ne											ID#	
Address	E-mail														
City Province Postal Code	Telephor	ne										S	ignature	9	

					Swif	twate	r Res	cue 1				Swif	watei	Resc	ue 2	
4																
9																
	LIFESAVING SOCIETY®															
	The Lifeguarding Experts															
	Swiftwater Rescue								<u>=</u>			Эe				±
	Janitaratei Mescue								Swiftwater Rescue 1 Result			Mechanical Advantage				Swiftwater Rescue 2 Result
			Prerequisites Checked		ь		ills		7	Prerequisites Checked		dva	ills	e e		2 F
			Che	e Je	y Us	kills	g Sk		scue	Che	Эe	al A	g Sk	y Us		scue
			tes (	Knowledge	Throwbag Use	Wading Skills	Swimming Skills	e	r Re	tes (	Knowledge	anic	Swimming Skills	Throwbag Use	e	r Re
		Birth	isink	now	hrov	/adi	wim	Rescue	vate	isink	now	lech	wim	hro	Rescue	vate
	Side 2: Please print each candidate's name and contact information legibly.	Date of Birth	erec						۷ift	erec			_			۷ift
,	Sex M F	Y/M/D	Pr	1	2	3	4	5	<u> </u>	Pr	1	2	3	4	5	<u> </u>
lame																
Address																
ity	Postal code															
	***															
E-mail	Telephone Sex M F															
lame																
Address																
ity	Postal code															
E-mail	Telephone															
)	Sex M F															
lame																
Address																
lity	Postal code															
E-mail	Telephone															
<b>0</b> lame	Sex M F															
Address																
ity	Postal code															
E-mail	Telephone Sex M F															
1 lame	SEX M. L.															
Address																
	Postal code															
City	rusal Lue															
E-mail 2	Telephone Sex M F															
lame																
Address																
ity	Postal code															
E-mail	Telephone															
	Check box if there are more candidates on the reverse side of this page.	/	1													
		Satisfactory Performance  F Fail Total Pass for Course Total Fail for Cour										Course				
		kam Information am Date:														
					YY		MM		DD							
	( )													( )		
Affiliate		Facility												Telepho		-
		Exam	iner l	Inforr	natio	n										
Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Course																
information, and Instructor sections must be completed on both sides 1 and 2 of the test sheet.				ne							· <u></u>	· <u></u>		· <u></u>	ID#	· <u></u>
	Į i	E-mail														
		( )														
	<del> </del>	( ) Telephone Signature														