Waterfront Revised 2022 This test sheet is for original exam candidates only. Side 1: Please record each candidate's name and contact information accurately.	Gender	Date of birth	Prerequisites checked	Lifeguarding the second	* Waterfront facility	* Rescue aid prof::	* Entries & removal	Skin diving skills	* Rescue drill	1 Use of rescue Area	8a*	8b³	e Lifeguard communication	10a*	10b*	10c*	Missing person	-	Mgmt: Submerged, non-broding victim	+	_	2 Lifeguard situation: single	-	Result	
1	ЛE		4								no	ino ai	111001	10101	Varaa								$\neg$		
Last name																									
First name		Year																							
Address																									
City Prov. Posta	al Code	Month																							
E-mail				requisi										1				•							
Phone		Day		Bronze Standa			ate earr ate earr							Locat Locat											
2	ЛE																							$\neg$	
Last name																									
First name		Year																							
Address																									
City Prov. Posta	al Code	Month																							
E-mail				requisi																					
Phone		Day		Bronze Standa			ate earr ate earr							Locat Locat											
	ЛE						l cuit																	$\neg$	
Last name																									
First name		Year																							
Address																									
City Prov. Posta	al Code	Month																							
E-mail				requisi																					
		Day	Bronze Cross Date earned: — Standard 1st Aid Date earned: —							Location: Location:															
Phone 4	Л E																							$\neg$	
Last name																									
First name		Year																							
Address																									
City Prov. Posta	al Code	Month																							
E-mail				requisi		_																		$\neg$	
Phone		Day		Bronze Standa			ate earr ate earr							Locat Locat											
																		. [		_	T. (	F. 11		〓	
Check this box if there are more candidates on the reverse side of this page.  This test sheet is Page of Pages								<b>/</b> -	Satisfa	actory	Perfor	mance		<b>X</b> - Fa		otal F for E				Total for E					
Invoicing Information									Ins	tructo	or Info	orma	tion							_				=	
involving information								Instructor Information																	
Host name (Affiliate or Organization paying the exam fees) Telephone							Ins	Instructor's name ID#																	
Host name (Affiliate or Organization paying the exam fees) Telephone							E-r	nail ad	dress																
Street address										ephone									Signa	iture					
								Inc	lividu	al wh	o exa	mine	d the	cand	idate	6	S	ame a	s Inst	ructor		or			
City Prov. Postal code								F <sub>Y</sub>	aminer	's nam	ne .										ID#	:			
Exam Information								]													#טו				
								E-r	nail ad	dress															
Exam date:  YY MM DD								Telephone Signature																	
( )								Individual who apprenticed on the exam Same as Instructor or																	
Facility name (e.g., name of waterfront)  Telephone								qA	prentic	e's nai	me										ID#		—		

						П			П												$\neg$		71
			- [	-				- 1	- 1	- 1		- 1				- 1		ctim	و ا	- 1	- 1	_ [	//
			- [	tice	- 1		- [	-				- 1	- 1	- 1	- 1	- 1	- 1	ing v	atuli	S	-	guaro	П
NATIONAL				prac	ılysis	اج	-		-			,	tion	-	s   :	<u>g</u>	- [.	rown Prown		ictim 	.	ngle (	eam 
LIFEGUARD LIFES AVING SOCIETY			۱	8   8	y ana	clenc	<u> </u>		4 9	<u> </u>		euge :	:   an	ation	l vati	i ven		or or or				18.19	<u>i</u>
Waterfront Revised 2022		Prerequisites checked	Lifeguarding theory, 9	Waterfront facility, 2	Rescue aid profits	Entries & removals	Skin diving skills	Rescue drill	Use of rescue craft	Sprint challenge	Endurance challes	Lifeguard commission	Positioning & Text.:	Scanning & char	Prevention & inforce	Missing person	listraceou	Mgmt: submerged, non-browning victim	Mgmt: Spinal_initize_1	Mgmt: injured viction	Lifeguard situation	Lifeguard situations: 12	
This test sheet is for original exam	#	tes ch	eguar	terfr	Scue	tries	in div	Scue	eof	rintcl	durar	eguar.	Sition	annin	event.	Ssing	] i	mt: s	mt: s	mt: i	guar	eguar.	$I \mid$
candidates only.	of bir	quisi	Life	-	-	_			_	-	+	_	-	_	-	_	-	-	-	_	_	_	, ,
Side 2: Please record each candidate's name and contact information accurately.	Date of birth	Prere	1*	2*	3*	4*	5*	6*	7*	8a* * Ite	8b³ ems ar			* <b> </b> 10b <sup>:</sup> evalua	* 10c* nted	11*	12a <sup>3</sup>	12b*	112c*	12d*	13a	13b	Result
5 Last name		П																					
First name	Year																						
Address	"																						
City Prov. Postal Code	Month																						
E-mail			quisit								<u> </u>				<u> </u>								$\vdash$
Phone	Day		ronze tandar			ate earn ate earn							Loca Loca										-
6 M F																							
Last name First name	Year																						
Address	"																						
City Prov. Postal Code	Month																						
E-mail			quisit												<u> </u>								$\dashv$
Phone	Day		ronze tandar			ate earn ate earn							Loca Loca										.
7 M F		П																					
Last name	Year																						
First name  Address																							
City Prov. Postal Code	Month																						
E-mail			quisit											£									$\Box$
Phone	Day	ı	ronze tandar			ate earn ate earn							Loca Loca										
8 M F																							
Last name First name	Year																						
Address	"																						
City Prov. Postal Code	Month																						
E-mail			equisit ronze		D:	ate earn	ieq.			!	<u> </u>		Loca	tion:									
Phone	Day					ate earn							Loca										
Check this box if there are more candidates o	n the rev	verse si	ide of	this	page.		-	<u> </u>	Satisfa	actory	Perfor	mance		<b>X</b> -F	ail	Total F			$\Box$		l Fail		$\neg$
This test sheet is Page of Pages								- Satisfactory Performance X - Fail for Exam for Exam										_					
Please complete all sections on Side 1 of test sheet. Host, exam information at								and ex	amine	er sec	tions	must	be co	omple	ted on	both	sides	1 and	d 2 of	the te	est sh	eet.	
Invoicing Information							Individual who examined the candidates Same as Side 1 (sign below) or																
Host name (Affiliate or Organization paying the exam fees)								Exa	miner's	s name	Э										ID#	#	
Fuero Information																							
Exam Information								E-m	nail add	dress													_
Exam date:																							
YY MM DD								( To!	ephon	)								Ciana!	turo				
										<del>-</del>								Signat	ure				