NATIONAL LIFEGUARD LIFESAVING SOCIETY Waterpark Recertification Revised 2025 This test sheet is for recertification exam candidates only.	Date of birth	Prerequisites checked	Sprint challenge		Object recovery	Positioning & rotation	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team		
candidates only. Side 1: Please record each candidate's name and contact information accurately.	ate o	rereg	6a		6b	8a	8b	11a	11b	11c	11d	12	Result	
1													18	
Last name F	Year													
First name	·													
Address	Month													
		Prer	requisites											
E-mail Phone	Day		National Lifeg Waterpark		Date ea	arned:			Location:					
2 Last name														
First name F	Year													
Address														
City Prov. Postal Code	Month													
E-mail	Day	Prer	requisites National Lifeg	uard	5.									
Phone	Day		Waterpark		Date ea	arned:			Location:					
3 Last name														
First name F	Year													
Address														
City Prov. Postal Code	Month													
E-mail	Day	Prer	requisites National Lifeg	uard										
Phone	Day	_	Waterpark		Date ea	arned:			Location:	1	T			
4 Last name														
First name F	Year													
Address														
City Prov. Postal Code	Month													
E-mail	Day	Prer	requisites National Lifeg Waterpark	uard	Date ea	arned:			Location:				_	
Phone	. 4								, T-	otal Bass		otal Fail	\equiv	
Check this box if there are more candidates on the reverse side of this page. This test sheet is Page of Pages							sfactory Perfor	rmance	X - Fail f	or Exam		r Exam		
Invoicing Information						Individ	dual who ex	amined the	candidates					
()														
Host name (Affiliate or Organization paying the exam fees) Telephone						Examir	Examiner's name ID#							
Street address						E-mail	E-mail address							
City Prov. Postal code						Telepho	one			Si	ignature			
Exam Information							Individual who apprenticed on the exam							
Exam date:														
YY MM DD							ice's name					ID#		
Facility name (e.g., name of waterpark) Telephone														

WATIONAL LIFEGUARD LIFESAVING SOCIETY Waterpark Recertification Revised 2025 This test sheet is for recertification exam candidates only.	Date of birth	Prerequisites checked	Sprint challenge	Object recovery	Positioning & rotation	Scanning & observation	Mgmt: distressed or drowning victim	Mgmt: submerged, non-breathing	Mgmt: spinal-injured victims	Mgmt: injured victim	Lifeguard situations: team		
candidates only. Side 2: Please record each candidate's name and contact information accurately.	ate o	rered	6a	6b	8a	8b	11a	11b	11c	11d	12	Result	
5 M	Т						Т	Τ				12	
Last name	Year												
First name Y	real												
Address	Month												
City Prov. Postal Code	-	Prer	equisites									Щ	
E-mail Phone	Day	l lei	National Lifegu Waterpark	ard Date e	earned:		L	ocation:					
6 Last name													
First name	Year												
Address	"												
City Prov. Postal Code	Month												
E-mail		Prer	equisites	and	<u> </u>				I				
Phone	Day		National Lifegu Waterpark	Date e	earned:		L	ocation:					
7 M													
Last name F	Year												
First name Address													
City Prov. Postal Code	Month												
E-mail]	Prer	equisites						I				
Phone	Day		National Lifegu Waterpark	Date e	earned:		L	ocation:					
8 M													
Last name F	Year												
Address X	"												
City Prov. Postal Code	Month												
E-mail		Prer	equisites	and				l			ı		
Phone	Day		National Lifegu Waterpark	Date e	earned:		L	ocation:					
Check this box if there are more candidates on the reverse side of this page. This test sheet is Page of Pages Total Fail for Exam													
Please complete all sections on Side 1	of test	sheet	t. Host, exam	informatio	n <i>and</i> examin	ner sections n	nust be con	npleted on b	oth sides 1 ar	nd 2 of the	test sheet.		
Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet. Invoicing Information Individual who examined the candidates Same as Side 1 (sign below) or									or				
Host name (Affiliate or Organization paying the exam fees)					Examiner	Examiner's name ID#							
Exam Information						E-mail address							
					_ maii ac								
Exam date:					()							
YY MM DD						Telephone Signature							