NATIONAL LIFEGUARD LIFEGUARD LIFES A VING SOCIETY  Pool Revised 2012  Side 1: Please print each candidate's name and contact information legibly.	Date of birth	Prerequisites chacked	Lifequarding 41	Sacrating theory & practice  a Object received.	2b*	tems a	2d*	2e*	2f*	3*	4*	Scanning & charaction	Positioning & rotation	*5c	6*	7*	8*	9a*		9c*	9d*	D Lifeguarding situations +	Result
1 M F		۵	$\vdash$	Г	*	tems a	ire in	struc	tor-e\	/aluate	ed			† It	ems a	re ma	andat	ory du	uring	recert		$\dashv$	<u>œ</u>
Last name  First name  Address	Year																						
City Prov. Postal Code	Month																						
E-mail Phone	Day	Ori	req.: iginal: ecert:	<		ze Cros dard 1st	Aid [	Oate ea Oate ea Oate ea	arned:					_	Loca Loca Loca	ition: _							
2 Last name		, Ae	l l		1120				Thou.						2000	uon.							
First name	Year																						
Address	Month																						
City Prov. Postal Code  E-mail		Pre	req.: iginal:			nze Cros		Date ea							Loca	ition:							
Phone	Day	ı	cert:		Stan NLS	dard 1st		Date ea Date ea							Loca Loca								
3 Last name																							
First name	Year																						
Address																							
City Prov. Postal Code	Month	Dro																					
E-mail	Day	Ori	req.: iginal:	<	Stan	ze Cros dard 1st	Aid [		arned:						Loca Loca Loca	ition: _							
4 M F		Re	cert:		NLS		L	Date ea	Thea:						Loca	iuon.							
Last name	Year																						
Address																							
City Prov. Postal Code	Month	D																					
E-mail	Day	Ori	req.: iginal:	<	Stan	nze Cros Idard 1st	Aid [		arned:						Loca	ition: _							
								Date earned:  Location:  Total Pass for Exam for Exam										=					
This test sheet is Page of Pages  Instructor information										forma						for E		_	<u>_</u>	10r E	:xam		_
Instructor's name ID#									m date			,	NANA	D	n		Exai	m is: Origir	nal <b>(</b>	)R	Rec	ert	
E-mail address  Signature								YY MM DD															
Telephone Signature  Awards information Awards issued by affiliate Awards not issued								Facility name (e.g., name of pool)  Telephone  This section to be completed by the NLS Examiner who examined the candidates.															
Awards information Awards issued by affiliate Awards not issued  Payment information Exam fees attached Exam fees not attached								This section to be completed by the NLS Examiner who examined the candidates.															
Send invoice or receipt to:  Host name (Affiliate)  Telephone								Exa	miner'	s name	)										ID#		_
Street address									ail add	dress													
<u>City</u> Pr	OV.	Postal code								Telephone Signature											_		
								1 1616	DI ION	<del>-</del>							٠.	Signatu	пe				

				_		_																—		
NATIONAL IFEGUARD LIFESAVING SOCIETY  Pool Revised 2012  Side 2: Please print each candidate's name and contact information legibly.	Gender	Date of birth	Prerequisites checked	Lifequarding 41	Delect recovery & practice	2b*	² 2c*	2d*	2e*	2f*	* Pool facility and it.	4*	Scanning & ohserger	Positioning & ration	*5c	6*	7*	8*	ory or distressed or distresse	9b*	* Mgmt: spinal-injured	9d*	D Lifeguarding situations	Result
5		7				T .			I		I					21113	10 1110	I	l l	anng			$\neg$	
Last name																								
First name	Ye	ar																						
Address	 Mo																							
City Prov. Postal C	ode IVIO	'''' L																						
E-mail	Da	<u></u>	Prer Orig	req.: ginal:	<		nze Cro		Date ea							Loca								
Phone	Da	ay	Red			Stan NLS	ndard 1s		Date ea Date ea							Loca Loca								
6 M	F																							
Last name	Ye	ar																						
First name																								
Address	 Mo	 nth																						
City Prov. Postal C	ode	-	Prer	(ng :																				
E-mail	 Da		Orig	ginal:	<		nze Cros ndard 1s		Date ea Date ea							Loca Loca								
Phone		_	Red	cert:		NLS	_	<u> </u>	Date ea	rned:	_	_				Loca	tion:	_						
7 Last name	F																							
First name	Ye	ar																						
Address																								
City Prov. Postal C	Mo	nth																						
		ŀ	Prer	req.:		Bron	nze Cro	ss l	Date ea	ate earned: Location:														
E-mail	 Da	ау	Standard 1st Aid				t Aid I	Date ea																
Phone M		$\dashv$	Nec	Jert.		INLO	Т	Π		illeu.						Loca	tion.							
Last name [W]																								
First name	Ye	ar																						
Address																								
City Prov. Postal C	ode Mo	nth																						
E-mail	Da		Prer Orig	req.: ginal:	<		nze Cro		Date ea							Loca								
Phone	Da	ау	Red	cert:		NLS	idard 1s		Date ea Date ea							Loca Loca								
Check this box if there are more candidates on the reverse side of this page.								<b>/</b> -	Satisf	actory	Perfor	mance	. ]	<b>X</b> - Fa		otal P					l Fail Exam		$\Box$	
This test sheet is Page of	_ Pages								lEva	m inf	ormat	tion								_				=
												lion							m is:			٦.		
									Exar	n date	:	YY		MM	DI	)		Ц(	<b>Origin</b>	nal <b>C</b>	JK L	Rec	ert	
									_	••	,													_
Host name (Affiliate) Telephone								<u> </u>		me (e.g								Teleph						
									This section to be completed by the NLS Examiner who examined the candidates.															
Please complete Instructor, Awards and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be									Eva	nino-'	s name											ID#		_
									LExal	ımıei S	o Hallie	,										#טו		
completed on both sides 1 and 2 of the test sheet.									E-ma	ail add	ress													-
										phone	)								Signatu	ıre				-