

LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

Course / Clinic Exam date: YY MM DD Facility name (e.g., name of pool)				Prerequisites checked	Professional Responsibility	Professional Knowledge	Leadership	Preparation and Planning	Presentation: Teaching and Facilitating	Evaluation	Result
Lifesaving Society Trainer's name		ID#									
Signature											
Apprentice's Name		ID#									
✓ - PASS      X - FAIL Name/Address/Telephone/Email ( <i>Please print legibly</i> )			Date of Birth YY MM DD								
			/ /								
			Lifesaving Society ID #								
			Prerequisite(s): Date earned:      Date earned: Location:      Location:								
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