

LIFESAVING SOCIETY - NEW LEADERSHIP MASTER SHEET

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