



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Aquatic Supervisor

(Revised 2022)

Side 1: Please record each candidate's name and contact information accurately.

Date of birth	Prerequisites checked									Result
	The Lifesaving Society	The Role of the Supervisor	Rules of the Water	Facility Management	Safety Supervision in Programs and Services	Managing Your Aquatic Team	Customer Engagement	Emergency Response – as a Supervisor	Evaluation and Opportunities	
	Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	

<b>1</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
<b>2</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
<b>3</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
<b>4</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
<b>5</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
<b>6</b> Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year									
	Month									
	Day									
	Prerequisites: National Lifeguard Date earned: _____ Location: _____ <input type="checkbox"/> Swim or <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance  - Fail

Total Pass for Exam  Total Fail for Exam

This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

<b>Invoicing Information</b> Host name (Affiliate or Organization paying the exam fees) Telephone ( ) Street address City Prov. Postal code	<b>Instructor Information</b> Instructor's name ID# E-mail address ( ) Telephone Signature
<b>Exam Information</b> Exam date: YY MM DD Facility name (e.g., name of pool) Telephone ( )	<b>Individual who examined the candidates</b> Same as Instructor <input type="checkbox"/> or Examiner's name ID# E-mail address ( ) Telephone Signature



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(Revised 2022)

Side 2: Please record each candidate's name and contact information accurately.

Date of birth	Prerequisites checked	The Lifesaving Society	The Role of the Supervisor	Rules of the Water	Facility Management	Safety Supervision in Programs and Services	Managing Your Aquatic Team	Customer Engagement	Emergency Response – as a Supervisor	Evaluation and Opportunities	Result
		Unit 1	Unit 2	Unit 3	Unit 4	Unit 5	Unit 6	Unit 7	Unit 8	Unit 9	
7 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year										
	Month	Prerequisites: National Lifeguard Date earned: _____ Location: _____									
	Day	<input type="checkbox"/> Swim <b>or</b> <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
8 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year										
	Month	Prerequisites: National Lifeguard Date earned: _____ Location: _____									
	Day	<input type="checkbox"/> Swim <b>or</b> <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
9 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year										
	Month	Prerequisites: National Lifeguard Date earned: _____ Location: _____									
	Day	<input type="checkbox"/> Swim <b>or</b> <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
10 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year										
	Month	Prerequisites: National Lifeguard Date earned: _____ Location: _____									
	Day	<input type="checkbox"/> Swim <b>or</b> <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
11 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year										
	Month	Prerequisites: National Lifeguard Date earned: _____ Location: _____									
	Day	<input type="checkbox"/> Swim <b>or</b> <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
12 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year										
	Month	Prerequisites: National Lifeguard Date earned: _____ Location: _____									
	Day	<input type="checkbox"/> Swim <b>or</b> <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									
13 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year										
	Month	Prerequisites: National Lifeguard Date earned: _____ Location: _____									
	Day	<input type="checkbox"/> Swim <b>or</b> <input type="checkbox"/> Lifesaving Instructor Date earned: _____ Location: _____									

Check box if there are more candidates on the reverse side of this page. This is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

- Satisfactory Performance     - Fail    Total Pass for Exam     Total Fail for Exam

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.

<b>Invoicing Information</b>  Host name (Affiliate or Organization paying the exam fees) _____  <b>Exam Information</b> Exam date:    YY    MM    DD	<b>Individual who examined the candidates</b> Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ ( _____ ) Telephone _____ Signature _____
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