



LIFESAVING SOCIETY®
The Lifeguarding Experts

Boat Rescue for First Responders

Side 1: Please print each candidate's name and contact information legibly.

	Date of Birth Y/M/D	Prerequisites Checked	Knowledge	Boat Search	Emergency Approach	Rescue Equipment	Rescue Techniques	Rescues	Result
			1	2	3	4	5	6	
1 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
2 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
3 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
4 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
5 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									
6 Name _____ Sex M F Address _____ City _____ Postal code _____ E-mail _____ Telephone _____									

Check box if there are more candidates on the reverse side of this page.
This test sheet is page ___ of ___ pages.

Satisfactory Performance **F** Fail Total Pass for Course Total Fail for Course

Instructor Information

Instructor's Name _____ ID# _____
 E-mail () _____
 Telephone _____ Signature _____

Payment Information

Exam fees attached Exam fees not attached
 Send invoice or receipt to () _____
 Affiliate _____ Telephone _____
 Address _____
 City _____ Province _____ Postal Code _____

Exam Information

Exam Date: _____
 YY MM DD
 Facility name _____ Telephone () _____

Awards information

Awards issued by affiliate
 Awards not issued

Examiner Information

Examiner's Name _____ ID# _____
 E-mail () _____
 Telephone _____ Signature _____



Boat Rescue for First Responders

Side 2: Please print each candidate's name and contact information legibly.

Date of Birth Y/M/D	Prerequisites Checked	Knowledge	Boat Search	Emergency Approach	Rescue Equipment	Rescue Techniques	Rescues	Result
		1	2	3	4	5	6	
7								
Name								
Sex M F								
Address								
City								
Postal code								
E-mail								
Telephone								
8								
Name								
Sex M F								
Address								
City								
Postal code								
E-mail								
Telephone								
9								
Name								
Sex M F								
Address								
City								
Postal code								
E-mail								
Telephone								
10								
Name								
Sex M F								
Address								
City								
Postal code								
E-mail								
Telephone								
11								
Name								
Sex M F								
Address								
City								
Postal code								
E-mail								
Telephone								
12								
Name								
Sex M F								
Address								
City								
Postal code								
E-mail								
Telephone								

Check box if there are more candidates on the reverse side of this page.
This test sheet is page ___ of ___ pages.

Satisfactory Performance **F** Fail Total Pass for Course Total Fail for Course

Affiliate _____ Telephone _____ () _____

Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Course information, and Instructor sections must be completed on both sides 1 and 2 of the test sheet.

Exam Information
Exam Date: _____
YY MM DD

Facility Name _____ Telephone _____ () _____

Examiner Information

Examiner's Name _____ ID# _____

E-mail _____
() _____
Telephone _____ Signature _____