



State of Rhode Island
 Department of Environmental Management
Division of Parks and Recreation
 1100 Tower Hill Road
 North Kingstown, RI 02852

DATE _____

LIFEGUARD CERTIFICATION FORM

APPLICANT'S INFORMATION (PLEASE COMPLETE ALL FIELDS)					
PLEASE SELECT: New Lifeguard <input type="checkbox"/>		Returning Lifeguard <input type="checkbox"/>		DATE OF LAST EXAM: _____	
LAST NAME: _____		FIRST NAME: _____		MI: _____	
ADDRESS: _____					
CITY/TOWN: _____		STATE: _____		ZIP CODE: _____	
PHONE NUMBER: _____		EMAIL: _____			

***All applicants must complete this form and bring all certifications on the testing date.**

WAIVER OF CANDIDATE DURING LIFEGUARD CERTIFYING EXAMINATIONS & SIGNATURE

Note: The following must be signed by all candidates 18 years of age and over. For all candidates UNDER 18 years of age, the following must be signed by a **Parent** or **Legal Guardian**.

In consideration of granting of admission to the state lifeguard certifying examination, I hereby for myself, my heirs, executors and administrators waiver and release any and all rights and claims for damages I may have against the State of Rhode Island Department of Environmental Management Division of Parks and Recreation, their agents, representatives and assignees, for any and all injuries suffered by: *(Myself, My Child, My Ward), while participating in lifeguard certifying examinations conducted by the Division of Parks and Recreation of the Department of Environmental Management of the State of Rhode Island.

DATE OF BIRTH (If Under 18 Years of Age): _____

SIGNATURE: _____ **DATE:** _____
 Candidate: Parent: Legal Guardian:

UNDER 18 PARENT/GUARDIAN SIGNATURE MUST BE NOTORIZED IF NOT PRESENT AT TIME OF TEST

 Notary Signature My Commission Expires

FOR OFFICIAL USE ONLY (Do not write below this line)

TEST DATE: _____	CARD # ISSUED: _____	SURF <input type="checkbox"/>	NON-SURF <input type="checkbox"/>	COND'L <input type="checkbox"/>	FULL <input type="checkbox"/>
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REQUIRED CERTIFICATIONS			
	ORGANIZATION NAME	EXPIRATION DATE	CERTIFICATION NUMBER
LIFEGUARD TRAINING			
EMT License (In Lieu of CPR and First Aid)	or	CPR	
		FIRST AID	

***Parent/Guardian Driver's License or State ID Number if Signing Waiver in Person:** _____

SURF TEST RESULTS:

EXAMINER'S NAME: _____			
	TIME (Endurance only)	PASS	FAIL
BOARD:		<input type="checkbox"/>	<input type="checkbox"/>
RESCUE:		<input type="checkbox"/>	<input type="checkbox"/>
ENDURANCE:		<input type="checkbox"/>	<input type="checkbox"/>

Payment Received: