



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

Payment Rec'd

LIFEGUARD CERTIFICATION FORM

APPLICANT'S INFORMATION (PLEASE TYPE OR PRINT CLEARLY & COMPLETE ALL FIELDS)				
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:

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

UNDER 18 PARENT/GUARDIAN SIGNATURE MUST BE NOTARIZED 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"/>
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REQUIRED CERTIFICATIONS

INSPECTOR INITIALS:	ORG. NAME	EXP. DATE	CERT. NUMBER
LIFEGUARD TRAINING			
EMT License (In Lieu of CPR and First Aid)	CPR		
	FIRST AID		

SURF TEST RESULTS:

EXAMINER INITIALS:	PASS	FAIL	ENDURANCE SWIM TIME AT EXAMINATION	POOL - PROOF OF ENDURANCE SWIM FORM
BOARD:	<input type="checkbox"/>	<input type="checkbox"/>	TIME:	FORM ATTACHED: <input type="checkbox"/>
RESCUE:	<input type="checkbox"/>	<input type="checkbox"/>		
ENDURANCE:	<input type="checkbox"/>	<input type="checkbox"/>		