



WATER RESCUE COURSE STUDENT ROSTER



List **ONLY** students who have successfully completed **ALL** of the course requirements.
(Certification **MUST** be in accordance with the Commission requirements and procedures.)

STUDENT'S NAME (Please print legibly)	STUDENT'S COMPLETE ADDRESS (Street / RR / PO Box / City, State, Zip Code)	INSTRUCTOR USE		
		Pass / Fail / or Incomplete	Score (%)	Forms (√)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				