

NLS Fitness Log

Skills Practiced	Time & Date (dd/mm)	Location	✓ or X Result	Accompanied by	Lifeguard	Signature
Spinal Boarding (4 people)	_____ ___ / ___		<input type="checkbox"/>			
	_____ ___ / ___		<input type="checkbox"/>			
	_____ ___ / ___		<input type="checkbox"/>			
Submerged Victim Rescue (3 people)	_____ ___ / ___		<input type="checkbox"/> Time:_____			
	_____ ___ / ___		<input type="checkbox"/> Time:_____			
20lb Brick Recovery (≥3)	_____ ___ / ___		<input type="checkbox"/> Time:_____			
	_____ ___ / ___		<input type="checkbox"/>			

	___ / ___		Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
Approach & Carry (≥3)	_____ ___ / ___		<input type="checkbox"/> Time: _____			
(2 people)	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____		<input type="checkbox"/>			

	___ / ___		Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
Endurance Challenge (≥3)	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
Submerged Victim Drill	_____ ___ / ___		<input type="checkbox"/>			

Submerged Victim Drill (≥3) (2 people)	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
Underwater Swim (≥2)	_____		<input type="checkbox"/>			
	___ / ___					
	_____		<input type="checkbox"/>			
	_____		<input type="checkbox"/>			
	___ / ___					
	_____		<input type="checkbox"/>			
	___ / ___					

	_____		<input type="checkbox"/>			
	___ / ___					
Head-Up Sprint Challenge (≥3)	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
Spinal Carry (≥3)	_____		<input type="checkbox"/>			
	___ / ___					
	_____		<input type="checkbox"/>			
	___ / ___					
	_____		<input type="checkbox"/>			
	___ / ___					

Spinal Carry (≥3)	_____		<input type="checkbox"/>			
	___ / ___					
	_____		<input type="checkbox"/>			
	___ / ___					
	_____		<input type="checkbox"/>			
___ / ___						
Object Support (≥3)	_____		<input type="checkbox"/>			
	___ / ___					
	_____		<input type="checkbox"/>			
	___ / ___					
_____		<input type="checkbox"/>				
___ / ___						
			<input type="checkbox"/>			

	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
Victim Tow (≥2)	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
(2 people)	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			
25m Sprint (≥3)	_____		<input type="checkbox"/>			
	___ / ___		Time: _____			

	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			
	_____ ___ / ___		<input type="checkbox"/> Time: _____			