



LIFESAVING SOCIETY
The Lifeguarding Experts

Distinction Award

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

Date of birth	Prerequisites checked													Result	
	1	*2a	*2b	*2c	*2d	*2e	*3	*4	5	6	7a	*7b			
	Knowledge	Deep water rescue breathing	Movement of two victims	Carry two victims at once - 25 m	Search pattern	Recover - spinal-injured victim	Clothed victim	Aquatic activity	Spinal injured victim	Two rescues - various victims	50 m or yd. legs only	50 m or yd. front crawl	50 m or yd. back crawl	50 m or yd. breaststroke	700 m or 750 yd. - 14 min. swim
* Items are instructor evaluated															

1 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
2 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
3 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
4 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
5 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														
6 Name Address City Postal Code E-mail Phone	Year														
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____													
	Day														

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance **F** - Fail Total Pass for Exam Total Fail for Exam

This test sheet is Page _____ of _____ Pages.

Instructor information Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____		Exam information Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____	
Awards information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		This section to be completed by the Lifesaving Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	
Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: _____ Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____			



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Distinction Award

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

Date of birth	Prerequisites checked											Result				
	Knowledge	Deep water rescue breathing	Movement of two victims	Carry two victims at once - 25 m	Search pattern	Recover - spinal-injured victim	Clothed victim	Aquatic activity	Spinal injured victim	Two rescues - various victims	50 m or yd. legs only		50 m or yd. front crawl	50 m or yd. back crawl	50 m or yd. breaststroke	700 m or 750 yd. - 14 min. swim
	1	*2a	*2b	*2c	*2d	*2e	*3	*4	5	6	7a		*7b			
* Items are instructor evaluated																

7 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year	Month	Day												
				Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____											
8 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year	Month	Day												
				Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____											
9 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year	Month	Day												
				Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____											
10 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year	Month	Day												
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11 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year	Month	Day												
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12 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....	Year	Month	Day												
				Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____											

<input type="checkbox"/> Check box if there are more candidates on the reverse side of this page. <i>This test sheet is Page _____ of _____ Pages.</i>	<input checked="" type="checkbox"/> - Satisfactory Performance	<input type="checkbox"/> - Fail	Total Pass for Exam <input style="width: 40px;" type="text"/>	Total Fail for Exam <input style="width: 40px;" type="text"/>
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<p>Host name (Affiliate) _____ Telephone _____</p> <p>Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.</p>	<p>Exam information</p> <p>Exam date: _____ Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert</p> <p style="margin-left: 40px;">YY MM DD</p> <p>Facility name (e.g., name of pool) _____ Telephone _____</p> <p>This section to be completed by the Lifesaving Examiner who examined the candidates.</p> <p>Examiner's name _____ ID# _____</p> <p>E-mail address _____</p> <p>_____ Telephone _____ Signature _____</p>
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