



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Star

(Revised 2020)

Side 1: Please record each candidate's name, and contact information accurately.

Date of birth	The Lifesaving Society											Result						
	1	2a	2b	3	4a	4b	4c	5a	5b	6	7a		7b	7c	8	9	10	11
	Self-rescue: ice, swamped or capsized boat																	
	Self-rescue: HELP and huddle – 1 min.																	
	Entries (3)																	
	Front crawl, back crawl, breaststroke – 25 m or yd.																	
	Head-up front crawl & breaststroke – 25 m or yd.																	
	Kicks: whip, eggbeater, scissor/inverted – 25 m or yd.																	
	Sculling: stationary – 30 sec.																	
	Sculling: head-first and feet-first – 10 m each																	
	Victim recognition																	
	Reaching assists (2)																	
	Throwing assists: target accuracy – 5 m																	
	Throwing assists: to victim – 5 m																	
	Drowning resuscitation																	
	Obstacle swim – 50 m																	
	Rescue drill: approach and tow																	
	Fitness challenge – 400 m or yd. workout																	
1	Name	Year																
	Address	Month																
	City	Postal Code																
	E-mail	Phone	Day															
2	Name	Year																
	Address	Month																
	City	Postal Code																
	E-mail	Phone	Day															
3	Name	Year																
	Address	Month																
	City	Postal Code																
	E-mail	Phone	Day															
4	Name	Year																
	Address	Month																
	City	Postal Code																
	E-mail	Phone	Day															
5	Name	Year																
	Address	Month																
	City	Postal Code																
	E-mail	Phone	Day															
6	Name	Year																
	Address	Month																
	City	Postal Code																
	E-mail	Phone	Day															

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance - Fail

This test sheet is Page _____ of _____ Pages.

Total Pass for Exam Total Fail for Exam

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

Exam Information

Exam date: _____

YY MM DD

Facility name (e.g., name of pool) _____ Telephone _____

Instructor Information

Instructor's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Individual who examined the candidates Same as Instructor or

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



LIFESAVING SOCIETY
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Bronze Star

(Revised 2020)

Side 2: Please record each candidate's name, and contact information accurately.

Date of birth	The Lifesaving Society											Result				
	1	2a	2b	3	4a	4b	4c	5a	5b	6	7a		7b	7c	8	9
7	Self-rescue: ice, swamped or capsized boat															
8	Self-rescue: HELP and huddle – 1 min.															
9	Entries (3)															
10	Front crawl, back crawl, breaststroke – 25 m or yd.															
11	Head-up front crawl & breaststroke – 25 m or yd.															
12	Kicks: whip, eggbeater, scissor/inverted – 25 m or yd.															
13	Sculling: stationary – 30 sec.															
	Sculling: head-first and feet-first – 10 m each															
	Victim recognition															
	Reaching assists (2)															
	Throwing assists: target accuracy – 5 m															
	Throwing assists: to victim – 5 m															
	Drowning resuscitation															
	Obstacle swim – 50 m															
	Rescue drill: approach and tow															
	Fitness challenge – 400 m or yd. workout															

Check box if there are more candidates on the reverse side of this page. This is Page _____ of _____ Pages.

- Satisfactory Performance - Fail Total Pass for Exam: Total Fail for Exam:

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

<p>Invoicing Information</p> <p>Host name (Affiliate or Organization paying the exam fees)</p> <hr/> <p>Exam Information</p> <p>Exam date: YY MM DD</p>	<p>Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or</p> <p>Examiner's name _____ ID# _____</p> <p>E-mail address _____</p> <p>(_____)</p> <p>Telephone _____ Signature _____</p>
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