



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross (Revised 2003)

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

			Date of birth	Prerequisites checked															Result
				*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13	
1 Name _____ Address _____ City _____ Postal Code _____ E-mail _____ Phone _____			Year _____ Month _____ Day _____	* Items are instructor evaluated															
2 Name _____ Address _____ City _____ Postal Code _____ E-mail _____ Phone _____			Year _____ Month _____ Day _____																
3 Name _____ Address _____ City _____ Postal Code _____ E-mail _____ Phone _____			Year _____ Month _____ Day _____																
4 Name _____ Address _____ City _____ Postal Code _____ E-mail _____ Phone _____			Year _____ Month _____ Day _____																
5 Name _____ Address _____ City _____ Postal Code _____ E-mail _____ Phone _____			Year _____ Month _____ Day _____																
6 Name _____ Address _____ City _____ Postal Code _____ E-mail _____ Phone _____			Year _____ Month _____ Day _____																

☐

Check box if there are more candidates on the reverse side of this page.

This test sheet is Page _____ of _____ Pages.



- Satisfactory Performance

F - Fail

Total Pass
for Exam

Total Fail
for Exam

Instructor information

Instructor's name _____ ID# _____
E-mail address _____
() _____
Telephone _____ Signature _____

Awards information ☐ Awards issued by affiliate ☐ Awards not issued

Payment information ☐ Exam fees attached ☐ Exam fees not attached

Send invoice or receipt to:

() _____

Host name (Affiliate) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

Exam information

Exam date: _____ Exam is:
YY MM DD ☐ Original OR ☐ Recert
() _____
Facility name (e.g., name of pool) _____ Telephone _____

This section to be completed by the Lifesaving Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

() _____

Telephone _____

Signature _____



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross (Revised 2003)

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

			Date of birth	Prerequisites checked																	
				*1	*2	*3	*4	*5	*6	*7a	*7b	*7c	*8	*9	10	*11	12	13	*14	15	Result
				Rescue drill	Fitness challenge	Endurance challenge	First aid assessment	One-rescuer CPR	Two-rescuer CPR	Obstructed airway: conscious adult or child	Obstructed airway: conscious infant	Obstructed airway: unconscious victim	Hypothermia	Walk, spot & evaluate	Spinal injury management	Team search	Rescue 1: multiple victims	Rescue 2: submerged victim	Rescue 3: two rescuers	Rescue 4: injured victim	
7				* Items are instructor evaluated																	
Name			Year																		
Address			Month																		
City			Postal Code																		
E-mail			Phone																		
Name			Year																		
Address			Month																		
City			Postal Code																		
E-mail			Phone																		
Name			Year																		
Address			Month																		
City			Postal Code																		
E-mail			Phone																		
Name			Year																		
Address			Month																		
City			Postal Code																		
E-mail			Phone																		
Name			Year																		
Address			Month																		
City			Postal Code																		
E-mail			Phone																		
Name			Year																		
Address			Month																		
City			Postal Code																		
E-mail			Phone																		
Name			Year																		
Address			Month																		
City			Postal Code																		
E-mail			Phone																		

☐ 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.

Host name (Affiliate) _____ Telephone _____ 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.	Exam information Exam date: _____ Exam is: <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
	This section to be completed by the Lifesaving Examiner who examined the candidates. Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____