| LIFESAVING SOCIETY  The Lifeguarding Experts  Bronze Medallion (Revise)  Side 1: Please print each candidate's name and contact information legibly. | Date of birth 6007 | 1 0            |                      | Self-rescue     | s Rescue drill | *4 Defences &  | sh Fitness challong   | * Endurance challons | Tallell 77 | © Obstructed single | *8b    |         | *9b     | *9c      | *9d    | D Walk snot & dome | Spinal injury men | * Search       | टि Rescue 1: non-contact | Rescue 2: non-breathing :: | 1 🕁      | - 1      |
|--|--------------------|----------------|----------------------|-----------------|----------------|----------------|-----------------------|----------------------|------------|---------------------|--------|---------|---------|----------|--------|--------------------|-------------------|----------------|--------------------------|----------------------------|----------|----------|
| 1  |                    | П.             |                      |                 |                |                |                       |                      |            | Items               | are in | Structo | or eval | uatea    | Π      |                    |                   |                |                          | $\Box$                     | $\dashv$ | <u>~</u> |
| Address  | Year<br>Month      | Prer           | equisi               | ites:           |                |                |                       |                      |            |                     |        |         |         |          |        |                    |                   |                |                          |                            |          |          |
| City Postal Code  E-mail Phone   | Day                | Origi          | inal:                | 13 yea          |                |                |                       | ze Stai              |            | ate ear<br>ate ear  |        |         |         |          |        | ation:<br>ation:   |                   |                |                          |                            |          |          |
| 2<br>Name  | Year               |                |                      |                 |                |                |                       |                      |            |                     |        |         |         |          |        |                    |                   |                |                          |                            |          |          |
| Address  City Postal Code  | Month              |                | l<br>equisi<br>inal: |                 | ars old        | l OR           | Bron                  | ze Star              | r Da       | te ear              | ned: _ |         |         | <u> </u> | Loca   | tion:              |                   | Ш              |                          | <u> </u>                   |          |          |
| E-mail Phone 3   | Day                | Rece           | ert:                 | Bronz           | e Med          | allion         |                       |                      | Da         | ate ear             | ned:   | Г       |         | I        | Loca   | ation:             | $\overline{}$     |                |                          | $\neg$                     |          |          |
| Name<br>Address  | Year               |                |                      |                 |                |                |                       |                      |            |                     |        |         |         |          |        |                    |                   |                |                          |                            |          |          |
| City Postal Code   | Month              | Origi          |                      | 13 yea          |                |                |                       | ze Staı              |            | ate ear             |        |         |         |          |        | ation:             |                   |                |                          |                            |          |          |
| -mail Phone <b>4</b><br>Name   | Day                | Rece           | ert:                 | Bronz           | e ivied        | allion         |                       |                      | ו          | ate ear             | nea:   |         |         |          | Loca   | ation:             |                   |                |                          |                            |          |          |
| Address  | Year<br>Month      |                | L.                   |                 |                |                |                       |                      |            |                     |        |         |         |          |        |                    |                   |                |                          |                            |          |          |
| City Postal Code   |                    | Origi          |                      | 13 yea          |                |                | <b>DR</b> Bronze Star |                      |            |                     |        |         |         |          |        | ation:             |                   |                |                          |                            |          |          |
| E-mail Phone.  5   | Day                | Rece           | ert:<br>             | Bronz           | e Med          | allion         |                       |                      | Da         | ate ear             | ned:   | Ι       |         |          | Loca   | ation:             |                   |                |                          |                            |          |          |
| Name<br>Address  | Year               |                |                      |                 |                |                |                       |                      |            |                     |        |         |         |          |        |                    |                   |                |                          |                            |          | 1        |
| City Postal Code   | Month              |                |                      | 13 ye           |                |                |                       | ze Staı              | r Da       | ate ear             | ned: _ |         |         |          |        | ation:             |                   |                |                          |                            |          |          |
| <u>Phone</u>   | Day                | Rece           | ert:                 | Bronz           | e Med          | allion         |                       |                      | Da         | ate ear             | ned:   | Т       |         |          | Loca   | ation:             |                   |                |                          |                            |          |          |
| Name<br>Address  | Year               |                |                      |                 |                |                |                       |                      |            |                     |        |         |         |          |        |                    |                   |                |                          |                            |          |          |
| City Postal Code   | Month  Day         | Origi          |                      | 13 yea          |                |                |                       | ze Stai              |            | ate ear             |        |         |         |          |        | ation:             |                   |                | <u></u>                  | <u> </u>                   |          |          |
| Check box if there are more candidates on the This test sheet is Page of Pages.  | •                  | Rece<br>e side |                      | Bronz<br>his pa |                | allion         |                       | tisfacto             |            | ate ear<br>erforma  |        | F       | - Fai   | ı        | otal P |                    |                   | $\overline{1}$ |                          | l Fail<br>Exam             |          |          |
| Instructor information   |                    |                |                      |                 |                | E              | xam i                 | nform                | natio      | n                   |        |         |         |          |        |                    |                   | <u> </u>       |                          |                            |          | =        |
| Instructor's name  |                    |                |                      | ID#             |                | -<br>-<br>  E> | kam da                | ate: _               |            | YY                  | N      | 1M      | DD      | )        | _      | Exar               |                   | al <b>O</b> I  | R 🗆                      | ] Red                      | cert     |          |
| E-mail address () Telephone Si   | gnature            |                |                      |                 |                | _              | acility r             | name (               | (e.g.,     | name                | of po  | ol)     |         |          |        | (                  | Teleph            | one            |                          |                            |          | —        |
| Awards information Awards issued by affiliate  |                    | rds no         | ot issu              | ed              |                |                |                       | ection               |            | be co               | nple   | ted b   | y the   | Lifes    | avin   | g Exa              | ımine             | r who          | o exa                    | mine                       | t        |          |
| Payment information  | Exa                | m fees         | s not a              | attache         | _ <b></b>      | _              |                       | er's na              |            |                     |        |         |         |          |        |                    |                   |                |                          | ID#                        |          |          |
| Host name (Affiliate) Street address   | Telepho            | ne             |                      |                 |                | -<br>-<br>E-   | mail a                | ddress               | S          |                     |        |         |         |          |        |                    |                   |                |                          |                            |          |          |
| City Prov  |                    |                | Post                 | tal cod         | ρ              | _ <u>(</u>     | elenho                | )                    |            |                     |        |         |         |          |        |                    | ianatu            | ıro            |                          |                            |          |          |

| LIFESAVING SOCIETY  The Lifeguarding Experts  Bronze Medallion (Revise)  Side 2: Please print each candidate's name, and contact information legibly. | Date of birth 600 | 1 0    | Throwing 226    | \$ Self-rescue | α Rescue drill | *4       | ch Fitness challong              | o* Endurance challons | *7         | se secuer CPR: adult & child | *8b    |         | *9b    | *9c   | 6 Circ. Emerg. Stering | of Walk, spot & demonstration | Spinal injury manage | the Search Trial agement 5 Search 19 19 19 19 19 19 19 19 19 19 19 19 19 | S Rescue 1: non-contact | Rescue 2: non-breathing with | Rescue 3: open water | Result   |  |
|---|-------------------|--------|-----------------|----------------|----------------|----------|----------------------------------|-----------------------|------------|------------------------------|--------|---------|--------|-------|------------------------|-------------------------------|----------------------|--|-------------------------|------------------------------|----------------------|----------|--|
| 7   |                   | 1 4    | $\vdash$        | Ι              |                |          | Ι                                |                       |            | Items                        | are in | Structo | r evan | iateu |                        |                               |                      |  |                         | $\neg$                       | $\dashv$             | <u>~</u> |  |
| Name  | Year              |        |                 |                |                |          |                                  |                       |            |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      |          |  |
| Address   | Month             | Prer   | equisi          | ites:          |                |          |                                  |                       |            |                              |        |         |        |       |                        |                               |                      | Ш  | Ш                       |                              |                      |          |  |
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| E-mail Phone  | Day               | Rece   | ert:            | Bronz          | e Med          | lallion  | Т                                |                       | D:         | ate ear                      | ned:   |         |        |       | Loca                   | ition:                        |                      |  |                         | $\neg$                       |                      |          |  |
| Name  | Year              |        |                 |                |                |          |                                  |                       |            |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      |          |  |
| Address   | Month             | Prer   | equisi          | ites:          |                |          |                                  |                       |            |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      |          |  |
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| Name  | Year              |        |                 |                |                |          |                                  |                       |            |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      |          |  |
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| E-mail Phone 10   | Day               | Rece   | ert:            | Bronz          | e Med          | lallion  | Τ                                |                       | <u>D</u> ; | ate ear                      | ned:   |         |        |       | Loca                   | ition:                        |                      |  |                         | $\neg$                       | П                    |          |  |
| Name  | Year              |        |                 |                |                |          |                                  |                       |            |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      |          |  |
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| City Postal Code  |                   |        | equisi<br>inal: |                | ars old        | OR       | OR Bronze Star Date earned: Loca |                       |            |                              |        |         |        |       | ation: _               | ion:                          |                      |  |                         |                              |                      |          |  |
| E-mail Phone 11   | Day               | Rece   | ert:            | Bronz          | e Med          | lallion  | <u> </u>                         |                       | D:         | ate ear                      | ned:   |         |        |       | Loca                   | ition:                        |                      |  |                         | $\neg$                       |                      |          |  |
| Name  | Year              |        |                 |                |                |          |                                  |                       |            |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      |          |  |
| Address   |                   |        |                 |                |                |          |                                  |                       |            |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      |          |  |
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| <b>12</b> Name  | Year              |        |                 |                |                |          |                                  |                       |            |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      |          |  |
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| E-mail Phone  | Day               | Rece   |                 | Bronz          |                |          |                                  | ZO Ota                |            | ate ear                      |        |         |        |       | Loca                   |                               |                      |  |                         |                              |                      |          |  |
| Check box if there are more candidates on the This test sheet is Page of Pages.   | revers            | e side | e of t          | his pa         | age.           | /        | - Sat                            | tisfacto              | ory P      | erforma                      | ance   | F       | - Fail |       | otal Pa                |                               |                      |  |                         | l Fail<br>xam                |                      |          |  |
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| Host name (Affiliate)   | Telepho           | ne )   |                 |                |                | -        |                                  |                       |            | YY                           | M      | M       | DD     |       |                        | (                             |                      | )  |                         |                              |                      |          |  |
| •   | , -               |        |                 |                |                | Fa       | acility r                        | name (                | (e.g.,     | name                         | of poo | ol)     |        |       |                        | T                             | eleph                | one  |                         |                              |                      | _        |  |
|   |                   |        |                 |                |                |          |                                  |                       |            | be co                        | nple   | ted by  | the t  | Lifes | avin                   | ј Еха                         | mine                 | r who  | exa                     | mined                        | d                    |          |  |
| Please complete Instructor, Awards and Payment in   |                   |        | ectio           | ns or          | า              | th       | ne car                           | ndida                 | tes.       |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      |          |  |
| <b>Side 1 of test sheet.</b> Host name, Exam information an sections must be completed on both sides 1 and 2 of the                                   |                   |        |                 |                |                | E        | xamine                           | er's na               | me         |                              |        |         |        |       |                        |                               |                      |  |                         | ID#                          |                      |          |  |
|   |                   |        |                 |                |                | Ē.       | -mail a                          | ddress                | 8          |                              |        |         |        |       |                        |                               |                      |  |                         |                              |                      | _        |  |
|   |                   |        |                 |                |                | <u>(</u> | elenho                           | )                     |            |                              |        |         |        |       |                        | 0.                            | ianatu               |  |                         |                              |                      | _        |  |
|   |                   |        |                 |                |                | 1 14     | բլբրո∩                           | 11164                 |            |                              |        |         |        |       |                        | C)                            | anatii               | rΔ   |                         |                              |                      |          |  |