



LIFESAVING SOCIETY  
The Lifeguarding Experts

## Bronze Star

(Revised 2020)

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

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

Check box if there are more candidates on the reverse side of this page.  
This test sheet is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

- Satisfactory Performance

X - Fail

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.

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

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance  X - Fail Total Pass for Exam  Total Fail for Exam  
This is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

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.

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