



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 | 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 | Result |
|---------|-------------|---------------|------------------------|--|---------------------------------------|-------------|---|--|--|--------------------------------|---|--------------------|----------------------|---|-----------------------------------|------------------------|----------------------|--------------------------------|--|--------|
| 1 | 2 | 3 | 4a | 4b | 4c | 5a | 5b | 6 | 7a | 7b | 7c | 8 | 9 | 10 | 11 | | | | | |
| Name | Year | | | | | | | | | | | | | | | | | | | |
| Address | Month | | | | | | | | | | | | | | | | | | | |
| City | Postal Code | | | | | | | | | | | | | | | | | | | |
| E-mail | Phone | Day | | | | | | | | | | | | | | | | | | |
| 2 | Year | | | | | | | | | | | | | | | | | | | |
| Name | Month | | | | | | | | | | | | | | | | | | | |
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| 3 | Year | | | | | | | | | | | | | | | | | | | |
| Name | Month | | | | | | | | | | | | | | | | | | | |
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| City | Postal Code | | | | | | | | | | | | | | | | | | | |
| E-mail | Phone | Day | | | | | | | | | | | | | | | | | | |
| 4 | Year | | | | | | | | | | | | | | | | | | | |
| Name | Month | | | | | | | | | | | | | | | | | | | |
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| E-mail | Phone | Day | | | | | | | | | | | | | | | | | | |
| 5 | Year | | | | | | | | | | | | | | | | | | | |
| Name | Month | | | | | | | | | | | | | | | | | | | |
| Address | Postal Code | | | | | | | | | | | | | | | | | | | |
| City | Postal Code | | | | | | | | | | | | | | | | | | | |
| E-mail | Phone | Day | | | | | | | | | | | | | | | | | | |
| 6 | Year | | | | | | | | | | | | | | | | | | | |
| Name | Month | | | | | | | | | | | | | | | | | | | |
| Address | Postal Code | | | | | | | | | | | | | | | | | | | |
| City | Postal Code | | | | | | | | | | | | | | | | | | | |
| E-mail | Phone | Day | | | | | | | | | | | | | | | | | | |

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

This test sheet is Page of Pages.



- Satisfactory Performance



- 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
The Lifeguarding Experts

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 | 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 | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Name | Year | | | | | | | | | | | | | | | | | | | | | |
| | Address | Month | | | | | | | | | | | | | | | | | | | | | |
| | City | Postal Code | | | | | | | | | | | | | | | | | | | | | |
| | E-mail | Phone | Day | | | | | | | | | | | | | | | | | | | | |
| 8 | Name | Year | | | | | | | | | | | | | | | | | | | | | |
| | Address | Month | | | | | | | | | | | | | | | | | | | | | |
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| 9 | Name | Year | | | | | | | | | | | | | | | | | | | | | |
| | Address | Month | | | | | | | | | | | | | | | | | | | | | |
| | City | Postal Code | | | | | | | | | | | | | | | | | | | | | |
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| 10 | Name | Year | | | | | | | | | | | | | | | | | | | | | |
| | Address | Month | | | | | | | | | | | | | | | | | | | | | |
| | City | Postal Code | | | | | | | | | | | | | | | | | | | | | |
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| 11 | Name | Year | | | | | | | | | | | | | | | | | | | | | |
| | Address | Month | | | | | | | | | | | | | | | | | | | | | |
| | City | Postal Code | | | | | | | | | | | | | | | | | | | | | |
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| 12 | Name | Year | | | | | | | | | | | | | | | | | | | | | |
| | Address | Month | | | | | | | | | | | | | | | | | | | | | |
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| | E-mail | Phone | Day | | | | | | | | | | | | | | | | | | | | |
| 13 | Name | Year | | | | | | | | | | | | | | | | | | | | | |
| | Address | Month | | | | | | | | | | | | | | | | | | | | | |
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| | E-mail | Phone | Day | | | | | | | | | | | | | | | | | | | | |

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

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- Satisfactory Performance

X - 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.

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Exam Information

Exam date: YY MM DD

Individual who examined the candidates

Same as Side 1 ☐ (sign below) or

Examiner's name

ID#

E-mail address

()

Telephone

Signature