



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
1																
Name																
Address																
City																
Postal Code																
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Phone																
2																
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6																
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City																
Postal Code																
E-mail																
Phone																

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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



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

This is Page _____ of _____ Pages.



- 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