



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

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

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- Satisfactory Performance



- Fail

Total Pass for Exam

Total Fail for Exam

Invoicing Information

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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					
7																
Name																
Address																
City																
Postal Code																
E-mail																
Phone																
8																
Name																
Address																
City																
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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