



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 | 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 |
|---|------|---------|------|-------------|--------|-------|---------------|------------------------|--|---------------------------------------|-------------|---|--|--|--------------------------------|---|--------------------|----------------------|---|-----------------------------------|------------------------|----------------------|--------------------------------|--|--------|
| | | | | | | | 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



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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 | | |