LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Star
(Revised 2020)

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

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

Candidate entries (each with fields: Name, Address, City, Postal Code, E-mail, Phone, and Date of birth: Year, Month, Day):

1.
2.
3.
4.
5.
6.

☐ **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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The Lifeguarding Experts

Bronze Star
(Revised 2020)

Side 2: Please record each candidate's name, and contact information accurately.

Candidate / Date of birth	1 The Lifesaving Society	2a Self-rescue: ice, swamped or capsized boat	2b Self-rescue: HELP and huddle – 1 min.	3 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
7 Name / Address / City / Postal Code / E-mail / Phone — Year / Month / Day																		
8 Name / Address / City / Postal Code / E-mail / Phone — Year / Month / Day																		
9 Name / Address / City / Postal Code / E-mail / Phone — Year / Month / Day																		
10 Name / Address / City / Postal Code / E-mail / Phone — Year / Month / Day																		
11 Name / Address / City / Postal Code / E-mail / Phone — Year / Month / Day																		
12 Name / Address / City / Postal Code / E-mail / Phone — Year / Month / Day																		
13 Name / Address / City / Postal Code / E-mail / Phone — Year / Month / Day																		

☐ **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 _____