



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
	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															
1	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....											Year..... Month..... Day.....				
2	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....											Year..... Month..... Day.....				
3	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....											Year..... Month..... Day.....				
4	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....											Year..... Month..... Day.....				
5	Name..... Address..... City..... Postal Code..... E-mail..... Phone.....											Year..... Month..... Day.....				
6	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. - Satisfactory Performance - Fail

This test sheet is Page _____ of _____ Pages.

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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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
7	Self-rescue: ice, swamped or capsized boat															
8	Self-rescue: HELP and huddle – 1 min.															
9	Entries (3)															
10	Front crawl, back crawl, breaststroke – 25 m or yd.															
11	Head-up front crawl & breaststroke – 25 m or yd.															
12	Kicks: whip, eggbeater, scissor/inverted – 25 m or yd.															
13	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 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
 - 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) _____	Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ (_____) Telephone _____ Signature _____
Exam Information Exam date: ____ YY ____ MM ____ DD	