



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Bronze Star

(Revised 2020)

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

		Date of birth	1	2a	2b	3	4a	4b	4c	5a	5b	6	7a	7b	7c	8	9	10	11	Result	
			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		
<b>1</b>	Name.....	Year																			
	Address.....	Month																			
	City..... Postal Code.....	Day																			
	E-mail..... Phone.....																				
<b>2</b>	Name.....	Year																			
	Address.....	Month																			
	City..... Postal Code.....	Day																			
	E-mail..... Phone.....																				
<b>3</b>	Name.....	Year																			
	Address.....	Month																			
	City..... Postal Code.....	Day																			
	E-mail..... Phone.....																				
<b>4</b>	Name.....	Year																			
	Address.....	Month																			
	City..... Postal Code.....	Day																			
	E-mail..... Phone.....																				
<b>5</b>	Name.....	Year																			
	Address.....	Month																			
	City..... Postal Code.....	Day																			
	E-mail..... Phone.....																				
<b>6</b>	Name.....	Year																			
	Address.....	Month																			
	City..... Postal Code.....	Day																			
	E-mail..... Phone.....																				

Check box if there are more candidates on the reverse side of this page.  - Satisfactory Performance **F** - Fail Total Pass for Exam  Total Fail for Exam   
 This test sheet is Page  of  Pages.

**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

**Individual who apprenticed on the exam** Same as Instructor  or

Apprentice's name ID#



**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		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															

Check box if there are more candidates on the reverse side of this page. This is Page \_\_\_\_\_ of \_\_\_\_\_ Pages.

- Satisfactory Performance    **F** - 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.

<p><b>Invoicing Information</b></p> <p>Host name (Affiliate or Organization paying the exam fees) _____</p> <p><b>Exam Information</b></p> <p>Exam date:    YY    MM    DD</p>	<p><b>Individual who examined the candidates</b>    Same as Side 1 <input type="checkbox"/> (sign below) or</p> <p>Examiner's name _____ ID# _____</p> <p>E-mail address _____</p> <p>( _____ )</p> <p>Telephone _____ Signature _____</p>
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