



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Star

Side 1: Please **print** each candidate's name, and contact information legibly.

Date of birth	Entries	Inflate clothes & huddle – 1 min.	Recover submerged victim	Rescue drill 1	Rescue drill 2	Object support – 3 min.	Fitness medley – 100 m	Endurance – 400 m in 12 min.	Assess pulse & respiration rates	Adult CPR	Land spinal	Victim simulation	Victim recognition	Hand signal communications	Walk & spot	In-water search	Rescue with a partner	Rescue non-breathing victim	Result	
																				1
1	Name	Year																		
	Address	Month																		
	City	Postal Code																		
	E-mail	Phone	Day																	
2	Name	Year																		
	Address	Month																		
	City	Postal Code																		
	E-mail	Phone	Day																	
3	Name	Year																		
	Address	Month																		
	City	Postal Code																		
	E-mail	Phone	Day																	
4	Name	Year																		
	Address	Month																		
	City	Postal Code																		
	E-mail	Phone	Day																	
5	Name	Year																		
	Address	Month																		
	City	Postal Code																		
	E-mail	Phone	Day																	
6	Name	Year																		
	Address	Month																		
	City	Postal Code																		
	E-mail	Phone	Day																	

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.

Instructor information Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____	Exam information Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
Awards information <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued Payment information <input type="checkbox"/> Exam fees attached <input type="checkbox"/> Exam fees not attached Send invoice or receipt to: _____ Host name (Affiliate) _____ Telephone _____ Street address _____ City _____ Prov. _____ Postal code _____	This section to be completed by the Lifesaving Instructor who examined the candidates. Instructor's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Star

Side 2: Please **print** each candidate's name, and contact information legibly.

	Date of birth	Entries	Inflate clothes & huddle – 1 min.	Recover submerged victim	Rescue drill 1	Rescue drill 2	Object support – 3 min.	Fitness medley – 100 m	Endurance – 400 m in 12 min.	Assess pulse & respiration rates	Adult CPR	Land spinal	Victim simulation	Victim recognition	Hand signal communications	Walk & spot	In-water search	Rescue with a partner	Rescue non-breathing victim	Result	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
7 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																					
8 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																					
9 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																					
10 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																					
11 Name..... Address..... City..... Postal Code..... E-mail..... Phone.....																					
12 Name..... Address..... City..... Postal Code..... 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.

Host name (Affiliate) _____ Telephone _____
()

Please complete Instructor, Awards and Payment information sections on Side 1 of test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

Exam information Exam is: _____
Exam date: _____ YY MM DD Original **OR** Recert
Facility name (e.g., name of pool) _____ Telephone _____

This section to be completed by the Lifesaving Instructor who examined the candidates.

Instructor's name _____ ID# _____
E-mail address _____
()
Telephone _____ Signature _____