



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Star

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

	Date of birth	H ₂ O Proficiency								First Aid		Recognition & Rescue					Result				
		1	2	3	4	5	6	7	8	9	10	11	12a	12b	13	14		15	16	17	
		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		
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 **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: ____ YY ____ MM ____ DD Exam is: <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 _____



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

Date of birth	Entries	H ₂ O Proficiency							First Aid		Recognition & Rescue						Result			
		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	
	1	2	3	4	5	6	7	8	9	10	11	12a	12b	13	14	15	16	17		
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.....																			

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 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 date: _____ Exam is: Original **OR** Recert
 YY MM DD
 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 _____