



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				
		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	Year	1	2	3	4	5	6	7	8	9	10	11	12a	12b	13	14	15	16	17		
Name.....	Year																				
Address.....	Month																				
City..... Postal Code.....	Day																				
E-mail..... Phone.....																					
2	Year																				
Name.....	Month																				
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Address.....	Day																				
City..... Postal Code.....																					
E-mail..... Phone.....																					
6	Year																				
Name.....	Month																				
Address.....	Day																				
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.

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

Bronze Star

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.....																		

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 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 _____