



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Star

(Revised 2024)

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

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	Result	
	1	2a	2b	3	4a	4b	4c	5a	5b	6	7a	7b	7c	8	9	10	11	Result
1 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
2 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
3 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
4 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		

Check box if there are more candidates on the reverse side of this page. This test sheet is page _____ of _____ page(s).
 - Satisfactory Performance
 - Fail
 Total Pass for Exam Total Fail for Exam

Please complete all sections below

Invoicing Information Host name (Affiliate or Organization paying the exam fees) _____ Telephone () _____ Street address _____ City _____ Prov. _____ Postal Code _____	Instructor Information Instructor's name _____ ID# _____ E-mail address _____ Telephone () _____ Signature _____
Exam Information Exam Date: _____ YY MM DD Facility name (e.g. name of pool) _____ Telephone () _____	Individual who examined the candidates Same as instructor <input type="checkbox"/> or Examiner's name _____ ID# _____ E-mail address _____ Telephone () _____ Signature _____

Return completed test sheet to the Lifesaving Society Branch Office promptly after the exam. **Retain one copy for your records.** Do not send cash by mail.



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Side 2: Please record each candidate's name and contact information accurately.

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	Result	
	1	2a	2b	3	4a	4b	4c	5a	5b	6	7a	7b	7c	8	9	10	11	
5 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
6 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
7 Name _____ D.O.B. (YY/MM/DD) _____ Phone _____ Address _____ Province _____ City _____ Postal Code _____ Email _____																		
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Check box if there are more candidates on the reverse side of this page.
This test sheet is page _____ of _____ page(s).

✓ – Satisfactory Performance
X – 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 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	