



LIFESAVING SOCIETY  
The Lifeguarding Experts

# Distinction Award

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

Date of birth	Prerequisites checked	Knowledge	Deep water rescue breathing	Movement of two victims	Carry two victims at once - 25 m	Search pattern	Recover - spinal-injured victim	Clothed victim	Aquatic activity	Spinal injured victim	Two rescues - various victims	50 m or yd. legs only	50 m or yd. front crawl	50 m or yd. back crawl	50 m or yd. breaststroke	700 m or 750 yd. - 14 min. swim	Result
		1	*2a	*2b	*2c	*2d	*2e	*3	*4	5	6	7a	*7b				

<b>1</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year													
Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____			Month													
<b>2</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year													
Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____			Month													
<b>3</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year													
Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____			Month													
<b>4</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year													
Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____			Month													
<b>5</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year													
Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____			Month													
<b>6</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....			Year													
Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____ Recert: Distinction Date earned: _____ Location: _____			Month													

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.

<b>Instructor information</b> Instructor's name _____ ID# _____ E-mail address ( ) _____ Telephone _____ Signature _____		<b>Exam information</b> Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original OR <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____	
<b>Awards information</b> <input type="checkbox"/> Awards issued by affiliate <input type="checkbox"/> Awards not issued		<b>This section to be completed by the Lifesaving Examiner who examined the candidates.</b> Examiner's name _____ ID# _____ E-mail address ( ) _____ Telephone _____ Signature _____	
<b>Payment information</b> <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 _____			



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# Distinction Award

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

Date of birth	Prerequisites checked	Knowledge	Deep water rescue breathing	Movement of two victims	Carry two victims at once - 25 m	Search pattern	Recover spinal-injured victim	Clothed victim	Aquatic activity	Spinal injured victim	Two rescues - various victims	50 m or yd. legs only	50 m or yd. front crawl	50 m or yd. back crawl	50 m or yd. breaststroke	700 m or 750 yd. - 14 min. swim	Result
		1	*2a	*2b	*2c	*2d	*2e	*3	*4	5	6	7a			*7b		

\* Items are instructor evaluated

<b>7</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
<b>8</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
<b>9</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
<b>10</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
<b>11</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														
<b>12</b> Name ..... Address ..... City ..... Postal Code ..... E-mail ..... Phone .....	Year															
	Month	Prerequisites: Original: Bronze Cross Date earned: _____ Location: _____														
	Day	Recert: Distinction Date earned: _____ Location: _____														

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.	<b>Exam information</b> Exam date: _____ Exam is: YY MM DD <input type="checkbox"/> Original <b>OR</b> <input type="checkbox"/> Recert Facility name (e.g., name of pool) _____ Telephone _____
	<b>This section to be completed by the Lifesaving Examiner who examined the candidates.</b> Examiner's name _____ ID# _____ E-mail address _____ Telephone _____ Signature _____