



# CANADIAN YACHTING ASSOCIATION

## BASIC CRUISING INSTRUCTOR CLINIC

# APPLICATION

### 1. Personal Information

Name: \_\_\_\_\_

% or Apartment No.: \_\_\_\_\_ (Circle) *Male / Female English / French*

Address: \_\_\_\_\_ Birthdates: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail Address : \_\_\_\_\_ (Fax) \_\_\_\_\_

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Insurance No: \_\_\_\_\_

In Case of Emergency - Please Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Do you have any physical disability or limiting medical condition? \_\_\_\_\_

### 2. Prerequisites: *(attach copies of certificates, licenses, and Standards)*

**First Aid** issued by: \_\_\_\_\_ on: 20 / / Expires: 20 / /

**CPR** issued by: \_\_\_\_\_ on: 20 / / Expires: 20 / /

**VHF** issued by: \_\_\_\_\_ on: / /

**Basic Cruising Standard:** Year: \_\_\_\_\_ Location: \_\_\_\_\_

**Intermediate Cruising Standard:** Year: \_\_\_\_\_ Location: \_\_\_\_\_

**Costal Navigation Standard:** Year: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ **Standard:** Year: \_\_\_\_\_ Location: \_\_\_\_\_

Boating / Sailing / Teaching experience:

You learned: How - \_\_\_\_\_

\_\_\_\_\_

Where - \_\_\_\_\_

\_\_\_\_\_

When - \_\_\_\_\_

\_\_\_\_\_

**3. Additional Qualifications:**

Canadian Power and Sail Squadron Courses completed: *(attach copies of certificates and membership card)*

CPS Level: \_\_\_\_\_ Squadron: \_\_\_\_\_ Year: \_\_\_\_\_  
 CPS Electives: \_\_\_\_\_ Year: \_\_\_\_\_ / \_\_\_\_\_ Year: \_\_\_\_\_  
 CPS Electives: \_\_\_\_\_ Year: \_\_\_\_\_ / \_\_\_\_\_ Year: \_\_\_\_\_

Types of Vessels you have:

(a) Crewed: \_\_\_\_\_  
 \_\_\_\_\_ No. of Years: \_\_\_\_\_  
 (b) Skippered: \_\_\_\_\_  
 \_\_\_\_\_ No. of Years: \_\_\_\_\_  
 (c) Own or have owned: \_\_\_\_\_  
 \_\_\_\_\_ No. of Years: \_\_\_\_\_

Racing experience: \_\_\_\_\_  
 \_\_\_\_\_

How much experience do you have with a cruising spinnaker? \_\_\_\_\_ A spinnaker? \_\_\_\_\_

Other teaching or instructing experience: \_\_\_\_\_  
 \_\_\_\_\_

Other related skills and/or technical experience: (diesel engine maintenance, scuba courses, etc.) \_\_\_\_\_  
 \_\_\_\_\_

**4. Questionnaire** - Write approximately 100 words describing your reasons for wishing to become a CYA Instructor:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Disclaimer:**

I will participate at my sole risk and responsibility and agree to abide by the rules and regulations of the Organizer. I voluntarily waive any rights of action against the CYA, the PSA, the Organizer and/or Course Conductors and Instructors for any injuries, damages or losses that I or my property might sustain. I hereby certify that all the forgoing information is true and correct. Further, I hereby agree to uphold CYA Policy and the CYA Coach/Instructor Code of Conduct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

<i>(OFFICE USE ONLY)</i>	
Interview Date: _____	By: _____
IE's Comments: _____	
_____	
_____	
_____	