



INTERMEDIATE CRUISING INSTRUCTOR CLINIC

APPLICATION

1. Personal Information

Name: _____
% or Apartment No.: _____ (Circle) Male / Female English / French
Address: _____ Birth date: _____
City: _____ Province: _____ Postal Code: _____
Phone: (H) _____ (W) _____ (C) _____
E-Mail Address : _____ (Fax) _____

Occupation: _____ Present Employer: _____
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, standards, logbook pages)

Age: (19 years or older) _____

First Aid issued by: _____ on: 20 / / Expires: 20 / /

CPR issued by: _____ on: 20 / / Expires: 20 / /

VHF (with DSC) issued by: _____ on: / /

Currently Registered Cruising Instructor _____

Basic Cruising Standard: Year: _____ Location: _____

Number of seasons teaching as CYA Basic Cruising Instructor: _____

Number of logged hours teaching as CYA Basic Cruising Instructor: _____

Intermediate Cruising Standard: Year: _____ Location: _____

Advanced Cruising Standard: Year: _____ Location: _____

Costal Navigation Standard: Year: _____ Location: _____

Certified minimum Cruising Time (17 days as skipper, minimum 3 days at a time, logbook attached): _____

2. General Information:

Your most recent Instructor Development Clinic: Year: _____ Location: _____

IE's _____

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: _____



How much experience do you have using a whisker pole ? _____

How much experience do you have flying a cruising Spinnaker (gennaker) ? _____

How much experience do you have flying a spinnaker (with pole) ? _____

What sailing or teaching related activity have you undertaken since your Basic Cruising Instructor Clinic to upgrade your skills? _____

CYA Standards and System:

Please comment on any areas in the CYA system you find to be a problem, and suggest how those areas could be improved or issues rectified: _____

Please comment on the amount of time / effort you feel would be involved in accomplishing the above: _____

Would you be willing to provide the time and effort to accomplish the above? _____

If so, when? If not, who do you think should be responsible to do this? _____

Other Pertinent comments regarding this clinic: _____

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 foregoing information is true and correct. Further, I hereby agree to uphold CYA Policy and the CYA Coach/Instructor Code of Conduct.

Signature: _____ Date: _____ Witness: _____

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