

201 & 210 INSTRUCTOR QUALIFICATION CLINIC APPLICATION

I. PERSONAL INFORMATION:

Last Name _____ First Name _____ MI _____

Address: _____

City _____ State | Zip Code _____ E-mail: _____

Telephone: Residence/Cell: () _____ Business: () _____

ASA ID Number #: _____

Have you ever been convicted of a felony? Check One: No: ___ Yes: ___ If yes, please explain on a separate sheet. **Registering for** ___ **200** ___ **201**

___ **210** (**210 Must accompany copies of the CPR/First Aid Cards.**)

II. SAILING EXPERIENCE: (101 Basic Keelboat required for instructor certification)

1. How and where did you learn to sail? Include contact names and numbers if possible.

2. What types of small boats, keelboats and multihulls have you crewed on, # years, and where?

3. What types of small boats, keelboats, and multihulls have you skippered, # years, and where?

4. What types of small boats, keelboats, and multihulls have you chartered/rented, # years, and where?

5. Explain your navigational qualifications, racing experience, racing direction, and markset experience, if any:

6. Have you ever been responsible for a boating accident where another person sustained bodily injury? Yes No: If yes, attach an explanation.

7. Where and what is your teaching experience?

I understand fully that by signing this agreement I have studied, and prepared for the intense requirements to become an Certified ASA Instructor. I agree to the Terms and Conditions and the ASA Code of Ethics to the best of my ability.

I understand that once I am an ASA Certified Instructor I will need to certify students through an ASA Affiliate School.

Name: _____

Date: _____