APPLICATION FOR APPROVED SKIPPER FOR CLUB DINGHY

		Applicant Information		
Full Name:		Membership A/0	: *HHYC / ABC	
Email:		Contact Number	r:	
Date of Birth:	/ / (dd/mr	m/yyyy)		
Emergency (
Full Name:		Contact Number	r:	
Please submit		ong with this form, e.g. photocopies of dinghy stant instructor experience etc.	sailing certificates, logbooks, letters of	
		CERTIFICATION		
Issuing Authority		Achieved Qualification	Date Passed	
_	Tune of Dinahu	HOURS & EXPERIENCE	Crow (Livo)	
	Type of Dinghy	Helm (Hrs)	Crew (Hrs)	
		RACING EXPERIENCE		
Date	Organising Authority	Regatta	Type of Dinghy	
-	Type of Dinghy	Request for Helm Check Minimum Requirement	Tick Box	
Type of Dinghy Laser Pico		HKSF Level 2 or equivalent		
RS Quest (cruising charter)		HKSF Level 2 or equivalent		
RS Quest (racing charter)		HKSF Level 3 or equivalent		
Signatures				
Signature of App	plicant:	Application date:		
Signature of Guardian (if under 18):		Print name of Guardian:		
For office us	e only			
Approved: *\	·			
Assessed by		Endorsed by		
Signature:		 Signature:		
Date::	/ / (dd/mm/yy		/ / (dd/mm/yyyy)	

BECOMING AN APPROVED SKIPPER FOR CLUB DINGHY

- 1. All application are subject to the Sailing Centre's approval. Application results will be communicated by email.
- 2. Only members of the Hebe Haven Yacht Club (HHYC) can be an Approved Skipper for HHYC's club dinghies.
- 3. By signing this application form, the applicant declares that the information provided is true and correct, and understands that dishonesty may render for refusal of this application or immediate suspension of approval.
- 4. The approval of this application may be subject to review conducted by qualified club staff or an appointed instructor.
- 5. The approval of this application only indicates an applicant's eligibility to hire a club dinghy. All boat charter and indemnity form must be signed for prior to hire. Violation of boat charter terms may lead to immediate suspension of approval.
- 6. The minimum age to apply to become an approved skipper is 14 years old.

Signatures	
Signature of Applicant:	Application date:
Signature of Guardian (if under 18):	Print name of Guardian: