

# COACHES APPLICATION FORM

## ONE FORM PER COACH

Flag #  _____
office use

COACHES REGISTRATION MUST BE RECEIVED BY:

***August 1<sup>st</sup>, 2009 – 5 PM***  
***Fax or mail to ABYC C/O Latham Bell***  
***Fax- (562)434-2267***  
***7201 E. Ocean Blvd. Long Beach, Ca 90803***

INSA RECOGNIZED SAILING ORGANIZATION EMPLOYED BY: \_\_\_\_\_

NAME OF HEAD COACH: \_\_\_\_\_

NAME OF COACH APPLYING: \_\_\_\_\_

Current US Sailing Member # \_\_\_\_\_

Member of other National Authority – Country: \_\_\_\_\_

US Sailing Level 1 instructor or higher    Yes    No

National Equivalent                                    Yes    No

**\*Please attach a copy of valid US Sailing Instructor or national equivalent card , current CPR card and photo ID for each coach listed\***

Coaching Boat Being Used (*each organization is limited to one boat*)

Type	Size	Color	Registration #
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Please list all competitors affiliated with coach listed above on the back of this form.

Acknowledgment of coaching rules and obligations.

**Please Read NOR 9.0 and INSA rules.**

I have read and understand the attached rules and obligations pertaining to coaching during this event. I will abide by these obligations and understand that a violation of these rules by me or by those others affiliated with me may place the overall standing of the competitor(s) attached at jeopardy. I understand that following a report to the Organizing Authority of a breach of these rules and obligations the Organizing Authority may impose further disciplinary action on me. Further, a report to US Sailing shall be made concerning my violations.

Name of head coach (please print): \_\_\_\_\_

Signature of Sailing Club Jr. Director: \_\_\_\_\_

Signature of coach applying: \_\_\_\_\_      Date: \_\_\_\_\_

Sail #

Name

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

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3. \_\_\_\_\_

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