

**Annex F**

<b>Regional Cadet Sailing School (Central) – No 2 Sail Centre</b>			
<b>Cadet Sail Training Questionnaire 2005</b>			
<b>Part A – Personal Information</b>			
<b>Corps No.</b>	<b>Corps Name</b>	<b>City/Town</b>	<b>Province</b>
40	RCSCC Falkland	Ottawa	ON
<b>Rank</b>	<b>Last Name</b>	<b>First Name</b>	<b>Age</b>
<b>Part B - Declaration of Swim Ability</b>			
IAW A-CR-CCP-030/PT-001 Water Safety Orders prior to participating in any on-water activities, where the potential for capsize or falling overboard is high (i.e. dinghy sailing or whaler training) each Cadet's swimming ability and knowledge of water hazards shall be assessed. This assessment will allow the instructors to identify the strengths and weaknesses of the group. You are check off the statement that best describes your swimming ability:			
<input type="checkbox"/>	Non-swimmer and uncomfortable in and around water.		
<input type="checkbox"/>	Non-swimmer, but comfortable in and around the water when wearing a PFD.		
<input type="checkbox"/>	Some swimming ability, comfortable in and around the water, capable of swimming short distances and treading water for short periods of time without the assistance of a PFD.		
<input type="checkbox"/>	Skilled swimmer, capable of swimming long distances and treading water for long periods of time without the assistance of a PFD		
<b>Part C – Medical/Physical Conditions</b>			
Please check the appropriate box if you are aware of any medical or physical condition that could affect your ability to undertake sail or whaler training. This information will be used by the Sail Centre training staff to assist them in ensuring the safety of all cadets participating in training.			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If you answer yes, your instructor will speak with you privately prior to the start of training.	
<b>Part D – Cadet Signature</b>			
The information I have provided in accurate to the best of my ability.			
		_____	_____
		Signature	Date
<b>Part E – Parent Acknowledgment and Signature</b>			
<input type="checkbox"/>	I understand that there is an inherent risk involved with any on-water training activities. I understand that the staff for the Sail Centre will take every reasonable pre-caution to ensure that the training is conducted IAW with current national and regional cadet training safety policies.		
<input type="checkbox"/>	I confirm that my son/daughter is physically able to participate in on-water cadet training activities.		
<input type="checkbox"/>	I give my son/daughter permission to provide information on any medical or physical condition to their instructor that may hinder their participating in these activities. I understand that this information will be kept confidential and will only be used to ensure the safety of my son/daughter.		
<input type="checkbox"/>	I understand that my son/daughter must have their provincial health card on their person to be able to participate in any on-water cadet training activities.		
I acknowledge that the information that my son/daughter has provided is accurate to the best of my knowledge.		_____	_____
		Signature	Date
		Print Name: _____	