



**WATER SKI AND WAKEBOARD CANADA**  
**WATER SKI, WAKEBOARD AND BAREFOOT SCHOOL PROGRAM**

**Application for Special Consideration for Uncertified Instructors**

Name of school: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Home Tel: (    ) \_\_\_\_\_ Bus. Tel: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_ e-mail \_\_\_\_\_

What is the extraordinary circumstance that finds the individual(s) listed below without sufficient coaching credentials?

What is the date/location of the course that the individual(s) found on the below list will take to fulfill the NCCP certification requirement? Ideally this course will be as soon as possible, but cannot be taken later than June 30, 2012.

As a duly authorized representative of the school:

- I hereby apply for special consideration of the requirement of instructor certification within the National Coaching Certification Program at the time the school wishes to bind coverage on the grounds that the following instructors who will work in my school who have a sufficient sport and coaching background and are committed to take a recognized course(s) prior to June 30, 2012.

| Name   | Mailing address | City  | Prov | P Code |
|--|-----------------|-------|------|--------|
|  |                 |       |      |        |
|  | Tel (H)         | Email |      |        |
|  |                 |       |      |        |
| Current Certification, Instructor Training, and credentials (if any) |                 |       |      |        |
|  |                 |       |      |        |

| Name | Mailing address  | City  | Prov | P Code |
|------|--|-------|------|--------|
|      |  |       |      |        |
|      | Tel (H)  | Email |      |        |
|      |  |       |      |        |
|      | Current Certification, Instructor Training, and credentials (if any) |       |      |        |
|      |  |       |      |        |

2. I acknowledge that each of the applicable instructors must commit to successfully complete a recognized course(s) within the NCCP Program prior to June 30, 2012 and I submit a completed agreement from each of them to that effect (see attached).
3. I understand that this Application must be accompanied by payment of a \$250 certification deposit, per instructor for which special consideration is sought, and that such deposit shall be refunded only if they successfully complete the courses and forward to WSWC proof of necessary certification by June 30, 2012.
4. I understand that each of these instructors must possess a valid boat operators card and a valid first aid certification through any of the agencies below and I attach proof of such.
  - St. John Ambulance: "Emergency Level First Aid" or "Standard Level First Aid"
  - Red Cross: "Emergency First Aid" or "Standard First Aid"
  - National Lifeguard Service: "Bronze Medallion" or "Bronze Cross"

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*\*AGREEMENT \*\***

***Between Water Ski and Wakeboard Canada***

***and***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***(Instructor name and address)***

Water Ski and Wakeboard Canada will issue the \_\_\_\_\_ School with liability insurance for the 2011-12 season as so qualified on the provision that I, as an Instructor with that School, agree to successfully complete the required coaching course(s) by June 30, 2012.

I (or the School, as the case may be), include payment of \$250 as a certification deposit, which I acknowledge will only be refunded if I successfully complete the course(s) and send proof of my completion to the WSWC office (via fax, email, or mail) no later than June 30, 2012.

I acknowledge that if I fail to successfully complete the required course(s) by June 30, 2012, no further consideration or insurance coverage opportunities will be provided by WSWC until such time as I do complete such certification.

In either case, a valid boat operator's card and a valid first aid certification (proof attached) must be possessed at the date the Instructor signs this agreement.

I confirm that I understand and agree to abide by the above statements.

**PER INSTRUCTOR:**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**PER WATER SKI AND WAKEBOARD CANADA:**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date