

CRF Safety Certification Application

USE THIS FORM TO APPLY FOR ALL SAFETY CERTIFICATIONS FROM THE CRF SAFETY COMMITTEE

Before you are certified for any safety/coaching level, you must submit this form with all required documentation AND receive notice of certification from the Safety Committee Chair

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

CRF MEMBER ORGANIZATION AFFILIATION: _____

CURRENT OR PRIOR SAFETY STATUS: (Circle one) If Prior Status indicate year last active: _____

None SQL-0 SQL-1 SQL-2 CQL-trainee CQL Senior CQL

HAS YOUR SAFETY STATUS EVER BEEN SUSPENDED OR REVOKED? (If Yes When/Why) NO _____

YES: (details) : _____

Number of outings on Cuyahoga River: (Circle One) less than 25 25-50 50-75 more than 75

SAFETY STATUS BEING APPLIED FOR: (Circle One) SQL-1 SQL-2 CQL-trainee CQL Senior CQL

Date Test was Passed: _____ Person Administering Test: _____

Signature

SQL-2 or above

Recommending Head Coach or CQL: _____

Name

Signature

Date

CQL (All Levels)

Prior Rowing Coaching Experience: _____

Copy of Current CPR Certification _____

Copy ODNR Water Safety Certification _____

Launch Skill and On Water Safety Knowledge: Certified by Senior CQL

Certified By (print name)

Signature

Date

APPLICATION APPROVED: _____

Safety Committee Chair

Date