



# BCU COACHING SERVICE

## BCU AWARDS

### COACHING QUALIFICATIONS REGISTRATION FORM

# CR-NA

updated 6/15/12

Please complete all sections on this form - See Notes for Guidance on completion of it. Please return it along with all fees and relevant information to the North American Coaching Office (BCUNA). This form will be returned to you and should be retained until attending a training course. The Course Provider will then forward the form to BCUNA for Validation. Make check payable to "Sea Kayaking International." C1 must be printed full size on white paper.

Full Name (Capital Letters Please)

New/updated Address

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

Cell \_\_\_\_\_

Note \_\_\_\_\_

#### OFFICE USE

##### TYPE OF COURSE TO BE UNDERTAKEN:

- Level 1 Certificate in Coaching Paddlesport
- Level 1 Transfer Course - Boat Based
- Level 1 Transfer Course - Bank Based
- Level 2 Certificate in Coaching Paddlesport - Boat Based
- Level 2 Certificate in Coaching Paddlesport - Bank Based
- Level 2 Transfer Course - Boat Based
- Level 2 Transfer Course - Bank Based
- Moderate Water Endorsement \_\_\_\_\_
- Level 3 Core Training
- Level 3 Discipline Specific Training \_\_\_\_\_
- Other \_\_\_\_\_

BCU Membership Number (or enclose fee) and expiration date:

Date Of Birth

\_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_

(M/D/Y: \_\_\_\_\_)

#### DECLARATION

- 1 I have read the BCU's 'Statement of Presumed Physical Competence'. I do not currently have any condition which might impair my ability to function effectively as a coach/instructor of canoeing. I agree that I will inform the Director of Coaching of the BCU should I at some future time suffer any significant injury or develop any debilitating illness or condition which might impair my ability in that regard.
- 2 I do not have a criminal record with regard to offences against young people, and agree to the BCU actioning out a CRB/Police check in that respect. I also agree to notify the above if I gain a criminal record, at any time in the future.
- 3 I understand that the First aid pre-requisite relevant to the level being taken should be in place at the time of registration and that it should be kept current throughout the process and indeed while ever I am training/practicing as a coach.
- 4 Prerequisite Requirements - I confirm that I currently hold the prerequisite tests to undertake the Coaching award applied for above and enclose photo copies as proof. Please note that Comprehensive membership is required for Coach Level 2 through to Level 5. Basic Membership is required for Level 1.

By signing this application, you are deemed to understand and accept all the foregoing. I confirm that this application has been completed honestly and accurately;

Signed \_\_\_\_\_

Date \_\_\_\_\_

#### Important - Candidates Please Note

I am aware of the pre-requisites required for the award I wish to take and enclose copies as appropriate.

Valid for Training  
for one year from  
date below

Relevant Star Award .....

Relevant Safety Training .....

First Aid/CPR\* .....

Relevant Pre-req. Coach Award...

Check # \_\_\_\_\_

Checks payable to "Sea Kayaking International"

Amount \$ \_\_\_\_\_

# Registered

\*See Central Registration Notes for list of approved First Aid/CPR Providers and Central Registration Fee.

## Training

To be signed by the Training Provider

Date: \_\_\_\_\_

## Assessment

To be signed by the Assessor

Date: \_\_\_\_\_

# STATEMENT OF PHYSICAL COMPETENCE

Candidates who sign an application form for a course leading to a BCU qualification have agreed to the following:

I understand that in law I have a 'duty of care' to others, and this duty of care is enhanced with regard to my responsibility to those whom I teach because of the training and any qualification which I may receive."

I declare that to the best of my knowledge and belief I am physically fit, and do not have any \*condition which may impair my ability to be responsible for the overall safety of canoeists in my charge."

"I do not have \*diabetes or \*epilepsy, and understand that in the event of any change to my fitness to be responsible for the safety of others, I must declare the fact to the Director of Coaching of the BCU."

\*The declaring of an impairment does not necessarily debar a person from holding a coaching qualification. The BCU does its utmost to ensure that only common sense conditions are placed on those who may not be able to fulfil all the requirements, both stated and implicit, for the holding of a coaching qualification. Please send sae to the BCU Office for a copy of the policy statement giving the terms of reference under which qualifications may be awarded or continue to be held.

This statement is also available along with other "Coaches Code" material in the BCU Coaching Service Directory and on the BCU North American website ([www.BCUNA.com](http://www.BCUNA.com)).

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## Note for completion of CR Form

A separate form called *Central Registration Notes for CR Completion* should be included to assist you in the completion of the CR Form. It is also available on the BCUNA website. Only the front side of the C1 form must be printed and sent in. Payment must be included with the completed C1 form. Make check payable to "Sea Kayaking International."

**BCU North American Administrator**

**320 W. Saugerties Rd.**

**Saugerties, NY 12477**

**(845) 246-6817**

**e-mail: [Info@BCUNA.com](mailto:Info@BCUNA.com)**

**[www.BCUNA.com](http://www.BCUNA.com)**