



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

WSWC Office Use only:

- Member
- prev. yr. waivers/report
- ED approval

2013-2014 APPLICATION

Program enrollment period of the latter of April 1, 2013 or date of application approval through to March 31, 2014

Please note: Program Outline document should be read prior to completing this application.

CONTACT INFORMATION		
Name of School: _____		
Contact Person: _____	_____	Title: _____
Complete mailing address (number, street, city, province, postal code) _____		
Primary: () _____	Alternate: () _____	Fax: () _____
_____	e-mail: _____	Web: _____
Winter address (if different from above): _____		
Location of school activities (address or description of waterway access/location): _____		
Do you wish to have school information as above posted on the WSWC website and communiqués?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SCHOOL INFORMATION		
No. of boats owned by the school? _____		
Manufacturer and year/model(s): _____		
No. of Straight-line cable systems operated at the school: _____		
Any accidents or claims in the last 5 years? _____		
If yes, please describe: _____		
Who owns the school: _____		
Approx. number of pulls projected: _____		
Approx. number of different participants projected: _____		
<p>Description of school activities – Outline the activities planned for the 2013-2014 coverage cycle, for which insurance is required (i.e. 4 tournaments, 2 coaching clinics, daily instruction program, one week camp in Florida etc). Please be specific and detailed. Attach additional paper if space below is insufficient. If in doubt, write it in! You can add to this list anytime <u>prior</u> to an event, by notifying the WSWC office <u>in writing</u> (by mail, fax or email).</p>		

FEE CALCULATION/PAYMENT

2013-2014 ENROLLMENT

Simply complete the desired coverage option and tally your grand total:

BASIC COVERAGE (Mandatory)	\$3M Coverage	\$5M Coverage	Sub Total
Number of Pulls			
- 250 or less pulls	\$673	\$872	_____
- 251 to 750 pulls	\$941	\$1,276	_____
- 751 plus pulls	\$1,210	\$1,610	_____

OPTIONAL COVERAGE ENROLLMENT & FEES Note: all must be at the same coverage level as selected above	\$3M Coverage	\$5M Coverage	Sub Total
Ski/wakeboard shows and tubing (includes both)	\$636	\$966	_____
Winch pulled and/or Start Pools (requires approval by application, ANNEX F)	\$400	\$600	_____
Hydrofoiling (or sky chair)	\$400	\$600	_____

Certification Deposit (for <u>each instructor</u> who does not possess one of the approved NCCP coaching levels, and submits an Agreement (ANNEX E) (See Program Outline for details)	__ x \$250		_____
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Waiver Deposit (Mandatory) OR \$250 if previous year's waivers/report were not submitted (See Program Outline for details)	\$100 \$250		\$100 _____
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Optional Rush Service (less than 3 days)	\$100		_____
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GRAND TOTAL			_____
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PAYMENT

Cheque enclosed - Payable to: Water Ski and Wakeboard Canada

OR Credit card payment (✓): MasterCard Visa

Cardholder's name (example John Smith) Card No. Exp. Date

ADDITIONAL NAMED INSURED REQUEST

An additional Named Insured Certificate is:

- not needed at this time
- requested (submit completed Certificate of Insurance Request Form (ANNEX A-1 OR 2))

PROOF OF PROGRAM REQUIREMENTS

- APPLICATION WILL NOT BE APPROVED/PROCESSED UNTIL PROOF IS PROVIDED

Attached are:

- proof of my school's membership with the provincial water ski/wakeboard association for the current year;
- proof of owner(s) individual membership with the provincial water ski/wakeboard association for the current year;
- proof of instructor(s) individual membership with the provincial water ski/wakeboard association for the current year
- proof of instructor(s) certification

Instructor (s) Name	Provincial membership No.	Certification Level/CC #

ATTESTATION / AGREEMENT

In submitting this application I, as an authorized representative of the school, hereby:

- attest that, at least one of the certified instructors, listed above, will be on-site during operations;
- attest that, to the best of my knowledge, the above information is true and accurate;
- agree to comply with all Program Requirements as outlined in the Program Outline; and
- consent to the sharing of information contained in this application with the applicable provincial association and the insurance underwriters in connection with coverage, programs and membership.

Print name	Title
Signature	Date

Please mail your completed application, including necessary documentation, with payment, to:

*Water Ski and Wakeboard Canada
#210 – 223 Colonnade Rd. S., Ottawa, ON K2E 7K3*

FAX: (613) 526-4380 OR EMAIL: TARA@WATERSKI-WAKEBOARD.CA

APPLICATION WILL NOT BE PROCESSED UNTIL PROGRAM REQUIREMENTS AND FULL PAYMENT ARE PROVIDED.

HAVE A FUN AND SAFE SEASON.