

# 2009 Slip Clinic Instructor Request Form

*You must be at least 18 and a current member of TRPC to be a clinic instructor or safety boater*

If you wish to be instructors or safety boater, please complete this form along with two other forms:

1. "Clinic Registration Form"
2. "ACA Waiver and Release Form"

Send all 3 forms to: Matt Pascal, 1042 S. Braddock Ave, 2<sup>nd</sup> Floor, Pgh, PA 15218  
(you may email this form to [matt.pascal@gmail.com](mailto:matt.pascal@gmail.com), but the other two require signatures; please mail them)

## Contact Information & Experience

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

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

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

Check equipment that you will bring to the clinic:

\_\_\_\_\_ throw bag      \_\_\_\_\_ first aid kit

\_\_\_\_\_ other safety/rescue equipment (list below)

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

List any relevant training you have:

\_\_\_\_\_ current CPR      \_\_\_\_\_ expired CPR

\_\_\_\_\_ current first aid      \_\_\_\_\_ expired first aid

\_\_\_\_\_ other training (please list)

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

## Clinic Preferences

I am able to teach:

\_\_\_\_\_ Saturday      \_\_\_\_\_ Sunday

I would prefer to be a(n):

\_\_\_\_\_ Instructor

\_\_\_\_\_ Assistant

\_\_\_\_\_ Safety Boater

I prefer to teach:

\_\_\_\_\_ Adults only

\_\_\_\_\_ Kids only

\_\_\_\_\_ Adults or Kids

I prefer to instruct: (#1 first choice, etc.)

\_\_\_\_\_ Beginners      \_\_\_\_\_ Practiced Beginners

\_\_\_\_\_ Intermediates      \_\_\_\_\_ Advanced

List any past clinics at which you have instructed:

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