



Short-handed Race Crew List

Cruising Yacht Club of South Australia



Race Number: _____ Date: _____
Boat name: _____ Sail Number: _____
Radio type:

VHF	<input type="checkbox"/>	HF	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

 Callsign: _____

As skipper of the above vessel, I confirm that the vessel meets the safety requirements as per the Sailing Instructions and CYCSA Racing Association Short-handed Safety Protocol. I am satisfied that the named crew is capable of operating the vessel and has knowledge of the location of emergency equipment on board. A checklist is provided in the Safety Protocol as an aid.

Signed: _____
Date: _____

Skipper's name: _____
AS number: _____
Safety certificate: Yes No

Emergency contact details

Name: _____ Relationship: _____
Phone number: _____

Crew's name: _____
AS number: _____
Safety certificate: Yes No

Emergency contact details

Name: _____ Relationship: _____
Phone number: _____