



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"/>
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 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: _____