

South Brisbane Sailing Club

Sailing Competency and Fitness Questionnaire

To be completed by new sailors at SBSC

| Name: | |
|-------------|---|
| Date: | |
| Question 1. | How often have you sailed in the past 5 years? |
| | Once or twice |
| | Several or more times |
| | I have not sailed in the last 5 years |
| Question 2. | When did you last sail regularly? |
| Question 3. | Where have you mostly sailed? (multiple selections are applicable) |
| | Open water Bay waters |
| | Inland lake waters River waters |
| Question 4. | Did your river sailing experience include strong tidal influences & commercial traffic? |
| | Yes No N/A |
| Question 5. | In what capacity have you mainly sailed? (multiple selections applicable) |
| | Skipper Crew N/A |
| Question 6. | What type of boat have you mostly sailed; |
| | Yacht Catamaran |
| | Dinghy N/A |
| | What class/es of boat you have sailed? |

| Question 7. | How far can you swim (in a swimming pool or calm water)? | |
|----------------|---|--|
| | Less than 25m 25m or more | |
| Question 8. | Have you completed any sailing courses? | |
| | Yes No | |
| | What were they, and when did you complete them? | |
| Question 9. Ar | ny other relevant information | |
| | | |
| | | |
| 0000 | | |
| Recommendat | ions: | |
| Crew in at | least 1 race with experienced skipper before crewing | |
| Crew and s | skipper with experienced skipper in at least 1 race before skippering | |
| Supervised | l on-water test as skipper before skippering | |
| OK to skipp | er | |
| OK to crew | | |
| Not OK to c | rew or skipper | |
| Comments: | | |
| | | |
| Signed: | | |
| Officer Name: | | |
| Date: | | |
| Position: | | |