

The policy of the Board of Directors of the Canadian Ski Patrol (CSP) in regards to patrollers participating in non-skiing events as members of the CSP is that this practice is to be restricted to appropriate occasions and only with prior approval.

For an application to be considered for approval, it must contain the information to ensure that the best interests of the CSP and the patroller are protected. This application form has been created to assist you in securing and forwarding the information required.

The involvement of the patrollers must be limited to the rendering of First Aid and the transportation of the patient as taught by the CSP. It does not include duties for which patrollers are not trained and/or qualified (eg. driving ambulances, ATVs etc.)

INSTRUCTIONS:

Complete and return the application accompanied by a copy of the liability insurance policy citing "**CANADIAN SKI PATROL AND ITS MEMBERS**" as a named insured on the policy secured for the event by the organising group.

Should you have any questions regarding the application form, please contact the CSP Gatineau Zone at events@gatineauskipatrol.ca.

Name/Description of activity: _____

Name of organization: _____	Event Date: _____ / _____ / _____
Contact person: _____	DD MM YYYY
Telephone no: _____	Start Time: _____
Fax No: _____	End Time: _____
Email: _____	Location(s): _____

- 1) A liability insurance policy citing "CANADIAN SKI PATROL AND ITS MEMBERS" as a named insured must be obtained. Please provide the details below and *include the policy with your submission at least two weeks prior to the event.*

Insurance Company: _____	Agent's Name: _____
Policy Number: _____	Agent's Phone Number: _____
Address: _____	Agent's Email Address: _____

NOTE: Your application cannot be considered without the information above and a copy of the policy.

- 2) How will Patrollers be identified? _____
- 3) How many people are expected to attend/participate in this event? _____
- 4) If there will be media coverage, please indicate who: _____
- 5) What First-aid and/or medical facilities will be available or provided?



- 6) What methods of transportation will be employed...
- a. to transport an injured person from the accident site to the first-aid facility?

 - b. to transport an injured person from the First-aid facility to medical treatment?

 - c. Has an access route for ambulance been identified? Yes or No
- 7) Is additional training of CSP members required? Yes or No
If yes, please explain: _____

- 8) Is special First-aid equipment required? Yes or No
If yes, please specify: _____
- 9) How will the organizers communicate with the patrollers?
- a. Will radios be available? Yes or No
 - b. Will cell phones be required? Yes or No
 - c. How will patrollers communicate with emergency personnel such as fire, police and ambulance personnel?

- 10) Is a tax receipt required for provision of CSP services? Yes or No
- 11) Will any other first-aid organizations be present? Yes or No
If yes, please specify: _____
- 12) Have any other first aid organizations been contacted and declined to participate? Yes or No
If yes, please specify: _____

VP Special Events: _____
Signature *Date*

Zone President: _____
Signature *Date*

Division President: _____
Signature *Date*

Organization Contact: _____
Signature *Date*