



AMERICAN CANOE ASSOCIATION
ADAPTIVE PADDLING WORKSHOP

**Bay
Cliff
Health
Camp**

September 9-12, 2010
Bay Cliff Health Camp ~ Big Bay, MI

Designed for instructors, outfitters, recreation program managers, trip leaders, and those who want to include people with disabilities in their canoeing and kayaking programs. You will learn how to compensate for a paddlers loss of function due to disability, how to adapt equipment and instruction and how to focus on the paddlers ability. This course includes a classroom and hands on learning, a pool session and open water paddling. Bay Cliff Health Camp is co-sponsor for this course.

Under the Americans with Disabilities Act of 1990, a person may not be excluded from a program just because they have a disability. Instructors, and others operating programs, are to be prepared to integrate persons with disabilities into their programs. This American Canoe Association (ACA) course is designed to meet this need and has been taught across the country for the past 15 years.

This is a certificate course open to all who are interested in integrating persons with disabilities into their paddling programs. You do not have to be a certified canoe or kayak instructor to participate. All ACA certified instructors receive an Adaptive Paddling Endorsement on all current certifications and ACA certified instructors will receive a methods workshop credit upon completion of the entire course. Thursday is a skills update session. Attendance at all 4 days is required.

Course Details:

Course Instructors: Nancy Uschold, Sam Crowley, Nancy Saulsbury

Thursday, Sept 9, 2010	<i>Bay Cliff Health Camp</i>	9:00 a.m. to 5:30 p.m. (all ending times
Friday, Sept 10	<i>Bay Cliff Health Camp</i>	8:00 a.m. to 5:30 p.m. are approximate)
Saturday, Sept 11	<i>Bay Cliff Health Camp</i>	8:00 a.m. to 6:00 p.m.
Sunday, Sept 12	<i>Bay Cliff Health Camp</i>	9:00 a.m. to 4:30 p.m.

Registration Fee: **\$180** if registered by June 15; **\$200** if registered by July 15; **\$225** if registered by August 15. Fee includes a copy of the course manual *Canoeing and Kayaking for Persons with Disabilities* and all supplemental materials. Optional: On-site housing fee (includes meals) - \$180.

Space is limited and pre-registration is required.

To register - complete and return the enclosed forms.

For further information contact:

Karen Schlicher, APW Course Coordinator
Bay Cliff Health Camp
PO Box 310, Big Bay, MI 49808
Phone: 906.345.9314 Fax: 906. 345.9890
Email: baycliff@baycliff.org Website: www.baycliff.org

This program is sponsored by:

- **Bay Cliff Health Camp**
- **American Canoe Association**



REGISTRATION INFORMATION

**Bay
Cliff
Health
Camp**

Section 1: Information

Name _____

Address _____

Phone _____ e-mail _____

Previous Paddling Experience:

ACA Membership number (If applicable) _____

ACA Instructor Certifications in: _____

How did you hear about the course?

Section 2: Requirements

Essential Eligibility Criteria to participate in this course:

In order to participate as an instructor or assistant instructor in the Adaptive Paddling Workshop, each individual **must** meet the following criteria:

- Be 18 years or older, or accompanied by an adult.
- Be able to manage all personal care and mobility independently or with the assistance of a companion who accompanies the participant.**
- Be able to get in and out of a canoe or kayak independently or with the assistance of a companion.
- Have prior experience paddling a canoe or kayak, paddling safely on flat water.

(CONTINUED ON NEXT PAGE)

- Be able to perform a wet exit independently.
- Be able to re-enter the canoe or kayak following a deep water capsize independently, or with the assistance of one other paddlecraft.

**** NOTE:** If a companion accompanies a participant and also participates fully in the instructional activities, the companion may be charged as a participant, at the discretion of the sponsoring organization.

Check one:

- I have read the above essential eligibility criteria and will be able to participate fully in the class.
- I have questions about the essential eligibility criteria and would like to speak with someone from this course.

Signature: _____

Date: _____

Section 3: Payment Information

Course fee: \$180 if registered by June 15
 \$200 if registered by July 15
 \$225 if registered by August 15

Please note: Space is limited and pre-registration is required. There is a fee of \$25 if you cancel before September 1; \$50 after September 1.

(Optional) Room & Board Fee: \$180 for 4 days. (Includes lodging & meals at Bay Cliff Health Camp for all 4 days.) Those participants not staying provide their own lunch.

(Optional) Equipment Rental Fee: \$50 (Includes all paddling equipment *except* wetsuit.)

Make Checks Payable to: **Bay Cliff Health Camp** **TOTAL ENCLOSED:** _____

Mail form including payment to: PO Box 310
 Big Bay, MI 49808
 Phone: 906 345-9314/Fax: 906 345-9890

You will receive registration Confirmation and Location information upon receipt of program fees. If you have specific needs or questions, please contact Karen Schlicher in advance.



Please complete the following
Confidential Participant Information
and **return as soon as possible** to
Karen Schlicher, Course Coordinator
at Bay Cliff Health Camp

***Bay
Cliff
Health
Camp***

PO Box 310

Big Bay, MI 49808

baycliff@baycliff.org

Call (906) 345-9314 with any questions.

Canoeing / Kayaking is a strenuous activity. If you have any questions regarding your health and participation in canoeing / kayaking, please discuss it with your physician. We ask you the following information to be aware of any potential problems and to help you enjoy safely the sport of canoeing / kayaking. Please use additional paper if necessary.

Name: _____

Address: _____

City / State / Zip: _____

Phone # _____ E-mail: _____

Height: _____ Weight: _____ Date of Birth / Age: _____

Section 1: General questions

Describe your swimming ability:

Describe your canoeing / kayaking experience:

How would you describe your general health:

Please list any dietary needs or food allergies:

Continued on next page.

Medical Information Sheet

Section 2: Medical Information & History

Have you ever had? (please check the Yes or No column)

Condition	Yes	No	Condition	Yes	No
Allergies			Diabetes		
Heart Disease			Asthma		
High Blood Pressure			Back Problems		
Dislocations			Do you have muscle spasms If Yes...what triggers them?		
Do you get cold easily			Are you greatly affected by heat		
Are you pregnant			Are you taking medication		
Are you allergic to any medication			Any side effects of medication such as sun sensitivity, fatigue, etc.?		
Are you allergic to insect bites or bee stings If Yes...do you carry medication?			Seizures If Yes...what triggers them? If Yes...date of last seizure?		

If you answered Yes to any of the above items, please explain below:

Condition

Symptom

Continued on next page.

Medical Information Sheet (cont.)

Name _____

Do you have a disability? If yes, please describe:

How long have you had the disability?_____

Do you have a mobility impairment? If yes, please describe:

Do you have a sensory impairment (sight, sounds or sensation)? If yes, please describe:

So that we can better understand your needs, please list any medical, physical, psychological or emotional issues not mentioned above:

Insurance Information:

Company Name: _____

Group / ID #: _____

Insured persons name: _____

Continued on next page.

Section 3: Waiver and Release *Please read carefully*

As part of the consideration tendered for myself (or my child/ward) being permitted to participate in the Bay Cliff Health Camp ACA Adaptive Paddling Workshop conducted September 9-12, 2010, I agree (for and on behalf of myself and my child/ward) to, and do hereby, waive any and all claims against, and agree to fully release, hold harmless, and indemnify Bay Cliff Health Camp, its Board and officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain arising out of, or in any way associated with my (or my child/ward's) participation in Bay Cliff Health Camp programs.

(If the participant is a minor, the parent(s)/guardian(s) must sign)

Signature _____

Date _____

Print Name _____

Relationship to participant _____

CONSENT TO TREAT (please read and sign below)

In the event of injury or illness, I authorize (on behalf of myself and my child/ward) Bay Cliff Health Camp to obtain first aid and/or medical treatment at Marquette General Hospital in Marquette, MI. This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself or, in my absence, for the minor child/ward listed.

Signature _____ **Date** _____

Print Name _____ **Relationship to participant** _____

In Case of Emergency - Please contact:

Name: _____ Name: _____

Phone (day): _____ Phone (day): _____

Phone (eve): _____ Phone (eve): _____

Relation: _____ Relation: _____

Return to: Karen Schlicher
Address: Bay Cliff Health Camp
PO Box 310
Big Bay, MI 49808

Phone: (906) 345-9314
E-mail: baycliff@baycliff.org
Fax: (906) 345-9890