



## American Canoe Association **ADAPTIVE PADDLING** **INSTRUCTION**



Saturday, September 10 &  
Sunday, September 11, 2011  
**at Bay Cliff Health Camp  
in Big Bay, MI**

Are you interested in learning to canoe or kayak?

On September 10 & 11, instructors from the American Canoe Association (ACA) will be offering an adaptive paddling workshop in cooperation with Bay Cliff Health Camp as the sponsor and co-presenter. This is an opportunity for individuals who have significant mobility impairments to receive instruction in canoeing and kayaking from expert instructors. You will learn how to compensate for function lost due to your disability, how to adapt the boat and paddle to best suit your needs, and you will complete the ACA Introduction to Paddling course.

This course includes paddling instruction in a pool session and paddling on calm water with your instructors, because water is the ultimate equalizer. Attendance on both days is necessary. The cost is free to student participants (adults with mobility impairments). Room & board can be provided at no charge, if you wish to stay at Bay Cliff. Bay Cliff does not provide personal care assistance. If you need the services of a personal care assistant (PCA) at home, **you must provide a PCA for the duration of the workshop in order to participate.** (Please realize that any environment away from home may compromise your independence.) Your PCA may stay at camp with no charge for room & board.

This course has been taught around the country since 1990, and in the Marquette area since 1998. The lead ACA instructors will be Nancy Uschold and Sam Crowley of Marquette, MI, and Nancy Saulsbury of Madison, WI.

Pre-registration is required for this course. There is no charge for student participants.

Space is limited! For more information please contact Karen Schlicher, Course Coordinator, at (906) 345- 9314 or email to [misskaren@baycliff.org](mailto:misskaren@baycliff.org).

To REGISTER please read, complete and return the enclosed information. Hope to see you in September!

# American Canoe Association

## **ADAPTIVE PADDLING** **WORKSHOP**



## **Student Participant Registration Information**

Please read the following information before completing your registration for this course:

### Essential Eligibility Criteria to participate in this course:

In order to participate as a student in the Adaptive Paddling Workshop, each individual must meet the following criteria:

- Have a significant mobility impairment that limits the ability to participate in recreation activities.
- Be able to breath independently, not require medical devices to sustain breathing.
- Be able to hold head upright without neck / head support.
- Be able to maintain a closed mouth / lips while under water.
- Following instruction in the pool, be able to independently turn from face down to face up and remain floating face up while wearing a properly fitted personal floatation device (life preserver).
- Be able to manage personal care independently or with the assistance of a companion\* (personal care assistant, friend or family member) who accompanies the individual.

\* at no cost to Bay Cliff Health Camp

(Continued on the next page)

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 \_\_\_\_\_

Name (Print) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone or TTY # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Disability \_\_\_\_\_

Any previous paddling experience? Please describe.

Any concerns? Please describe.

How did you hear about this course?

**Limited space available!** Please return this form and the Medical Information Sheet as soon as possible (minimum of 3 weeks before the Workshop) to:

Contact: Karen Schlicher	Phone: (906) 345-9314
Address: Bay Cliff Health Camp	E-mail: <a href="mailto:misskaren@baycliff.org">misskaren@baycliff.org</a>
PO Box 310	Fax: (906) 345-9890
Big Bay, MI 49808	



Please complete the following  
Confidential Participant Information  
and **return as soon as possible** to  
Karen Schlicher, Course Coordinator  
at Bay Cliff Health Camp  
PO Box 310  
Big Bay, MI 49808  
[misskaren@baycliff.org](mailto:misskaren@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.

## Medical Information Sheet

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:

## Medical Information Sheet (cont.)

Name \_\_\_\_\_

### 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? If yes, list which medications below.			Any side effects of medication such as sun sensitivity, fatigue, etc.?		
Are you allergic to insect bites or bee stings?			Seizures		
If Yes...do you carry medication?			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 or Description

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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. Attach an additional sheet if necessary.

**Insurance Information:**

Company Name: \_\_\_\_\_

Group / ID #: \_\_\_\_\_

Insured person's name: \_\_\_\_\_

**Section 3: Waiver and Release** *Please read carefully before signing below.*  
**(If the participant is a minor, the parent(s)/guardian(s) must sign.)**

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 8-11, 2011, 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.

**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: [misskaren@baycliff.org](mailto:misskaren@baycliff.org)  
Fax: (906) 345-9890