



# AMERICAN CANOE ASSOCIATION

## ADAPTIVE PADDLING WORKSHOP



**September 6-9, 2012**  
**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, John Tatrow

Thursday, <b>Sept 06, 2012</b>	<i>Bay Cliff Health Camp</i>	9:00 a.m. to 5:30 p.m. (all ending times are approximate)
Friday, Sept 07	<i>Bay Cliff Health Camp</i>	8:00 a.m. to 5:30 p.m.
Saturday, Sept 08	<i>Bay Cliff Health Camp</i>	8:00 a.m. to 6:00 p.m.
Sunday, Sept 09	<i>Bay Cliff Health Camp</i>	9:00 a.m. to 4:30 p.m.

**Registration Fee:** Early registrants - **\$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 Fee: On-site housing fee (lodging & meals all four days) - \$200.

### **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: [misskaren@baycliff.org](mailto:misskaren@baycliff.org) Website: [www.baycliff.org](http://www.baycliff.org)**

**This program is sponsored by:**

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



# REGISTRATION INFORMATION



## Section 1: Information

Name \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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.
- 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 paddle craft.

**\*\* 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:** \$200 if registered by July 15  
\$225 if registered by August 15

Please note: Space is limited and pre-registration is required. If you need to cancel, your money will be refunded minus a cancellation fee of \$25 before September 1; \$50 after September 1.

**(Optional) Room & Board Fee: \$200** for 4 days. (Includes lodging & 3 meals a day at Bay Cliff Health Camp all 4 days.) Those participants not staying provide their own lunch.

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

Payment may be made by check or credit card. Call us if you wish to use Visa or Mastercard. Have your card ready when you call.

Course Registration Fee: \_\_\_\_\_  
(Optional) Room & Board: \_\_\_\_\_  
(Optional) Equipment Rental: \_\_\_\_\_

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. Phone: (906) 345-9314. Email address: ([misskaren@baycliff.org](mailto:misskaren@baycliff.org)).**



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? 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 or Description
_____	_____
_____	_____
_____	_____
_____	_____

## Medical Information Sheet (cont.)

Name \_\_\_\_\_

1. Do you have a disability? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe:

How long have you had the disability?

2. Do you have a mobility impairment? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe:

3. Do you have a sensory impairment (sight, sounds or sensation)? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe:

4. 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 6-9, 2012, 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