



American Canoe Association

ADAPTIVE PADDLING INSTRUCTION

Saturday, September 8 &
Sunday, September 9, 2012
at Bay Cliff Health Camp
in Big Bay, MI



Bay Cliff
Health Camp

Are you interested in learning to canoe or kayak?

On September 8 & 9, 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 John Tatrow of Galion, OH.

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.

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



American Canoe Association
ADAPTIVE PADDLING WORKSHOP
September 8 & 9, 2012

**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 breathe 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 (min.of 3 weeks before the Workshop) to:

Contact: Karen Schlicher Phone: (906) 345-9314
Address: Bay Cliff Health Camp E-mail: misskaren@baycliff.org
 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



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

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