



American Canoe Association Adaptive Paddling Workshop Registration & Outline



Course Dates: September 20-23, 2018	Course Location: 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 or kayaking programs. You will learn how to compensate for a paddler's loss of function due to disability, how to adapt equipment and instruction and how to focus on the paddler's ability. This course includes a classroom and hands on learning, a pool session and open water paddling.

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 over 25 years.

This course is 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 will receive an Adaptive Paddling Endorsement and ACA certified instructors will receive an update credit upon completion of the entire course. Attendance at all 4 days is required.

Course Details:

Date	Location	Time (ending times approximate)
Day 1 Thursday, Sept 20, 2018	Bay Cliff Health Camp	8:00 am – 5:30 pm
Day 2 Friday, Sept 21	Bay Cliff Health Camp	8:00 am – 5:30 pm
Day 3 Saturday, Sept 22	Bay Cliff Health Camp	8:00 am – 6:00 pm
Day 4 Sunday, Sept 23	Bay Cliff Health Camp/Harlow Lake	9:00 am – 4:30 pm
Course Instructors: Nancy Uschold, Sam Crowley, Mark Steinbach		

<p>Course Fee: \$350 if registered by July 15 \$400 if registered by August 15</p> <p>Fee Includes: a copy of the course manual <i>Canoeing and Kayaking for Persons with Disabilities</i> and all supplemental materials</p> <p>Optional: Room & Board Fee: \$200 for lodging & 3 meals a day at Bay Cliff Health Camp all 4 days. On-site housing is <i>strongly recommended</i> due to time constraints of the course and the need to collaborate with team members.</p>	<p>Payment Details: Payment can be made by check or Visa/Mastercard. Call us if you want to pay by credit card and have your card available when you call.</p> <p>Make checks payable to: Bay Cliff Health Camp Mail payment & registration to: Bay Cliff Health Camp PO Box 310 Big Bay, MI 49808</p> <p>Space is limited and pre-registration is required. If you need to cancel after you registered, your money will be refunded minus a cancellation fee of \$25 before September 1; \$50 after September 1.</p>
<p>Course contact: Karen Schlicher, APW Coordinator Bay Cliff Health Camp PO Box 310 Big Bay, MI 49808 Phone: 906.345.9314 Fax: 906.345.9890 Email: misskaren@baycliff.org Website: baycliff.org</p>	



American Canoe Association Adaptive Paddling Workshop Registration & Outline



Detailed Course Outline

Day: Thursday	Time: 8:00am – 5:30pm	Location: Bay Cliff Health Camp
<p>Detail: The first day is a combination of on-land, on-water & classroom settings. Please be prompt as this is a full day. From the classroom, we will proceed as a group to a nearby inland lake or Lake Superior. You will need all your paddling equipment. You will be involved in a skills session that follows the ACA Introduction Canoe/Kayak outline. Certified Instructors: please be prepared to share teaching tips and strategies that you have found to be particularly effective for various skills. Come prepared to spend time in the classroom and in the water. Bring boat and paddling gear.</p>		
Notes:		

Day: Friday	Time: 8:00am – 5:30pm +	Location: Bay Cliff Health Camp
<p>Detail: Course presentations continue in the classroom and on the water. You will learn ways to adapt boats and equipment for paddlers with disabilities. The paddling skills session continues with additional rescues useful with persons with disabilities. Come prepared to spend time in the classroom, in the water, and bring your boat & paddling gear.</p>		
Notes:		

Day: Saturday	Time: 8:00am – 6pm +	Location: Bay Cliff Health Camp
<p>Detail: This is a lab day and pool session. You will work with a beginning paddler who has a disability. This is a work session in which you and your student, along with another instructor, will be working on adaptations as a team. You will teach your student the Introduction to Canoe/Kayak skills covered during the skills check on Thursday & Friday. Come prepared to spend time in the water. Boats will be provided for pool session.</p>		
Notes:		

Day: Sunday	Time: 9:00am – 4:30pm	Location: Bay Cliff & nearby river park
<p>Detail: This is the day we “put it all together”. The students have learned the basic skills and now get to put them to use in a recreational setting paddling. All students, assistant instructors, instructors and workshop leaders will be paddling as a group. We will meet, finalize launch plans and needs, enjoy lunch, and then launch and paddle. It concludes with the distribution of certificates to participants, pack equipment, and complete a short debriefing and close-out session.</p>		
Notes:		

Food: For those who have opted to pay the Room & Board fee, meals will be provided on all 4 days including packed lunches. If not staying, meals are on your own; when at the lake and pool it would be best to pack your lunch. Working lunches provide opportunities to be more time effective.

Equipment:

Swimsuit / clothing that will get wet	Water bottle
Footwear for in-water (with a heel strap)	Sunscreen
hat / sun-shading headwear	Sun Glasses (w/ strap)
Lightweight protective clothing (fleece)	2 Towels
Rainwear (No Ponchos)	
Extras paddling clothing that could be used by your student (sun/wind/cold protection)	
Your boat (needs to have flotation in bulkheads), paddle, PFD and safety equipment	

Questions? **Contact:** Karen Schlicher, APW Course Coordinator, PO Box 310 Big Bay, MI 49808, misskaren@baycliff.org or (906) 345-9314

Maps and directions to the program locations will be sent upon confirmation of registration.



American Canoe Association Adaptive Paddling Workshop Registration & Outline



Essential Eligibility Criteria (EEC)

All water-based programming participants (including all paddlesport programs) must acknowledge the ability to perform the following EEC:

- Breathe independently (i.e. not require medical devices to sustain breathing)
- Independently maintain sealed airway passages while under water
- Independently hold head upright without head / neck support
- Manage personal care independently or with assistance of a companion
- Manage personal mobility independently or with a reasonable amount of assistance
- Follow instructions and effectively communicate independently or with the assistance of a companion

Paddlesports program participants must also acknowledge the ability to perform the following EEC:

- Independently turn from face-down to face-up and remain floating face-up while wearing a properly fitted life jacket
- Get in / out of a paddlecraft independently or with a reasonable amount of assistance
- Independently get out from under a capsized paddlecraft
- Re-enter the paddlecraft following deep water capsize independently or with a reasonable amount of assistance
- Maintain a safe body position while attempting skills, activities, and rescues listed in the appropriate course outline, and have the ability to recognize and identify to others when such efforts would be unsafe given your personal situation

*To participate in an adaptive paddling program, a participant must meet only the first six EEC listed above. The adaptive paddling program will include teaching and practicing the last five EEC listed above.



**American Canoe Association
Adaptive Paddling Workshop
Registration & Outline**



Registration Form*

Name:	Phone:
Address:	
Email:	ACA number:
ACA Instructor in: (if applicable)	
Previous Paddling Experience (describe):	
How did you hear about this course:	

Check One:

<input type="checkbox"/> I have read the provided essential eligibility criteria and course pre-requisites and will be able to participate fully in the class.	<input type="checkbox"/> I have questions about the essential eligibility criteria and course pre-requisites and would like to speak with someone about this course.
Signature:	Date:

*Please send this form along with the attached Medical/Health History Information Sheet to:

Bay Cliff Health Camp PO Box 310 Big Bay, MI 49808



American Canoe Association Adaptive Paddling Workshop



Medical / Health History Information Sheet (CONFIDENTIAL)

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 and submit as soon as possible.

Name: _____

Address: _____

City / State / Zip: _____

Phone # _____ Cell _____ E-mail: _____

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

Please circle the best answer:

Can you seal your airway passages while under water? Yes No Partly I don't know

Do you require any type of external neck support? Yes No Partly I don't know

Are you able to wear a properly fit life jacket (PFD)? Yes No Partly I don't know

Describe your swimming ability:

Describe your canoeing / kayaking experience:

Please list any dietary needs or food allergies:

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?		

For additional information contact: Karen Schlicher, APW Course Coordinator
Address: Bay Cliff Health Camp PO Box 310 Big Bay, MI Fax: (906) 345-9890
Phone: (906) 345-9314 Email: misskaren@baycliff.org Web: baycliff@baycliff.org



American Canoe Association Adaptive Paddling Workshop



Condition	Yes	No	Condition	Yes	No
Do you get cold easily?			Are you greatly affected by heat?		
Are you pregnant?			Are you taking medication?		
Allergic to any medication?			Any side effects of medication?		
Allergic to insect bites/stings			Seizures (if Yes...date of last one)		

If you answered "Yes" to any of the questions in the Conditions chart, please explain below:

Condition

Symptom or Description

Do you have a disability? YES NO If yes, how long? _____ Please describe:

Do you have a mobility impairment? YES NO If yes, how long? _____ Please describe:

Do you have a sensory impairment (sight, sounds or sensation)? YES NO
If yes, how long? _____ 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: _____

For additional information contact: Karen Schlicher, APW Course Coordinator
Address: Bay Cliff Health Camp PO Box 310 Big Bay, MI Fax: (906) 345-9890
Phone: (906) 345-9314 Email: misskaren@baycliff.org Web: baycliff@baycliff.org



American Canoe Association Adaptive Paddling Workshop



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 ACA Adaptive Paddling Workshop conducted at Bay Cliff Health Camp on **September 20-23, 2018**, 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: _____

For additional information contact: Karen Schlicher, APW Course Coordinator
Address: Bay Cliff Health Camp PO Box 310 Big Bay, MI Fax: (906) 345-9890
Phone: (906) 345-9314 Email: misskaren@baycliff.org Web: baycliff@baycliff.org