



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



Course Dates: September 21 & 22, 2019	Course Location: Bay Cliff Health Camp Big Bay, MI
--	---

Are you interested in learning to kayak?

On September 21 & 22, 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 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 as you complete the ACA “Introduction to Paddling” course.

This course includes paddling instruction in a pool session and paddling on calm water with your instructors. Paddling is a great sport to enjoy with your family and friends because water is the ultimate equalizer!

Attendance on both days is required.

Course Details:

Date	Location	Time
Day 1 Saturday, Sept 21	Bay Cliff Health Camp	9:00 am – 4:00 pm
Day 2 Sunday, Sept 22	Bay Cliff Health Camp/Lambros Park	10:00 am – 3:00 pm
Course Instructors: Nancy Uschold, Sam Crowley, John Tatro		

Cost: The workshop is free to student participants (adults with mobility impairments). If you wish to stay at Bay Cliff Health Camp for the workshop, room & board is provided at no charge. Bay Cliff does not provide personal care assistance. If you need the services of a personal care assistant (PCA) at home, **you must provide you own 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.

Pre-registration is required. Space is limited!

TO REGISTER: Please complete and return the Student Registration Form and the Medical Information Sheet to: **Bay Cliff Health Camp – PO Box 310 – Big Bay, MI 49808**

For additional information contact: John Webb, APW Course Coordinator
Address: Bay Cliff Health Camp – PO Box 310 – Big Bay, MI 49808
Phone: (906) 345-9314 Email: jwebb@baycliff.org Website: baycliff.org



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



Detailed Course Outline

Day: Saturday, Sept 21	Time: 9:00am – 4:00pm	Location: Bay Cliff
<p>Detail: You will be working with a team of kayaking instructors to create any necessary equipment adaptations to the kayak and other equipment you will be using. In the afternoon you will be paddling in the pool with your instructor team and learning introductory kayaking skills.</p> <p>Arrive prepared to get wet (wear your swimsuit under your clothing), and bring an extra set of clothing.</p>		
Notes:		

Day: Sunday, Sept 22	Time: 10:00am – 3:00pm	Location: Lambros Park
<p>Detail: This is the day we “put it all together”. All instructors and students paddle through the morning, return to the launch site for lunch and paddle again after lunch. We will end the day with all the students and instructors talking about the paddling experience we had and the new opportunities available.</p>		
Notes:		

Food: Meals will be provided at no cost to student participants & their PCAs.

Equipment:

WEAR YOUR SWIMSUIT under your clothes	Long pants (non-cotton; no jeans or sweatpants) to wear in the water, over your swimsuit, for skin protection
Water to drink (no glass bottles please)	Sunscreen
Hat / sun-shading headwear	Sweatshirt (or something warm to put on when you are out of the water)
Lightweight protective clothing (fleece)	2 Towels
Rainwear (No Ponchos)	Water shoes or old tennis shoes or sandals that can get wet
Dry change of clothes and shoes for your drive home, just in case	

Hope to see you in September!

For additional information contact: John Webb, APW Course Coordinator
 Address: Bay Cliff Health Camp – PO Box 310 – Big Bay, MI 49808
 Phone: (906) 345-9314 Email: jwebb@baycliff.org Website: baycliff.org



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



Please note the following conditions for participation.

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*

Additional Course Pre-requisites:

- Have a significant mobility impairment that limits ability to participate in recreation activities.

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

For additional information contact: John Webb, APW Course Coordinator
Address: Bay Cliff Health Camp – PO Box 310 – Big Bay, MI 49808
Phone: (906) 345-9314 Email: jwebb@baycliff.org Website: baycliff.org



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



Student Registration Form

Name:	
Address:	
Email:	Phone:
Disability or impairment: (if applicable)	
Describe your canoeing / kayaking experience:	
How did you hear about this course:	
Any Concerns?	

Check One:

<input type="checkbox"/> I have read the provided essential eligibility criteria (EEC) 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:

For additional information contact: John Webb, APW Course Coordinator
Address: Bay Cliff Health Camp – PO Box 310 – Big Bay, MI 49808
Phone: (906) 345-9314 Email: jwebb@baycliff.org Website: baycliff.org



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



**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: John Webb, APW Course Coordinator
Address: Bay Cliff Health Camp – PO Box 310 – Big Bay, MI 49808
Phone: (906) 345-9314 Email: jwebb@baycliff.org Website: baycliff.org



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



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: John Webb, APW Course Coordinator
Address: Bay Cliff Health Camp – PO Box 310 – Big Bay, MI 49808
Phone: (906) 345-9314 Email: jwebb@baycliff.org Website: baycliff.org



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



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 21-22, 2019**, 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: John Webb, APW Course Coordinator
Address: Bay Cliff Health Camp – PO Box 310 – Big Bay, MI 49808
Phone: (906) 345-9314 Email: jwebb@baycliff.org Website: baycliff.org