



Course Dates: Sept. 14-17, 2023 | Location: Bay Cliff Health Camp, Big Bay, MI

WHO SHOULD COME? Instructors, outfitters, recreation program managers, trip leaders - Anyone interested in integrating persons with disabilities into their paddling programs.

WHAT WILL I LEARN?

- How to focus on a paddler's ABILITY.
- How to adapt equipment and instruction to compensate for loss of function due to a physical disability.
- Elements of the Americans with Disabilities Act (ADA) and social etiquette when including paddlers with disabilities into programs.
- Real time application with volunteer students with disabilities: adaptation development and testing / instruction in a pool setting and kayak outing on an inland water way.

WHY?

- Under the ADA, a person may not be excluded from a program solely because they have a disability.
- Instructors, and others operating programs, should be prepared to integrate persons with disabilities into their programs.

ENDORSEMENT CRITERIA

- Successful ACA certified instructors will receive an Adaptive Paddling Endorsement.
- Successful ACA members without instructor certification will receive an Adaptive Paddling Certificate. If they become ACA certified instructors within 12 months this becomes an Endorsement.

Course Overview:

Date (2023)	Location	Time (end times
		approximate)
Day 1 Thurs Sept 14	Bay Cliff /Big Bay Harbor	8:00 am – 5:30 pm
Day 2 Friday, Sept 15	Bay Cliff /Big Bay Harbor	8:00 am – 5:30 pm
Day 3 Saturday, Sept 16	Bay Cliff	8:00 am – 6:00 pm
Day 4 Sunday, Sept 17	Bay Cliff /Lambros Park	8:00 am – 4:30 pm
Course Instructors: Nancy Uschold, John Tatro		

Fee: \$400 by July 15	Payment: Check or Visa/Mastercard.	
\$450 by August 15	Checks payable to:	
Optional Room & Board:	Bay Cliff Health Camp PO Box 310 Big Bay, MI 49808	
\$140 (details next page)	Credit Card payments via phone. 906 345 9314	





Room and Board: Lodging & 3 meals a day at Bay Cliff Health Camp. On-site housing *strongly recommended* due to time constraints of the course and the need to collaborate with team members.

Space is limited and pre-registration is required.

Food: For those who have Room & Board, meals are provided all 4 days. Others must pack their own lunch (except for days 3 & 4) as there will not be time to go off site.

Cancellation Policy: If you need to cancel after you register, your money will be refunded minus a cancelation fee of \$25 before Sept. 1st; \$50 after Sept 1st.

Course Contact: Colleen Mckay, APW Coordinator Bay Cliff Health Camp PO Box 310 Big Bay, MI 49808 Phone: 906.345.9314 Fax: 906.345.9890 Email: <u>baycliff@baycliff.org</u> Website: baycliff.org

Instructor Trainer Contact: Nancy Uschold <u>nancy.moveability@proton.me</u> 906 458 2450

Detailed Course Outline

Day(s): Thurs / FridayTime: 8:00am - 5:30pm +Location: Bay Cliff Health CampDetail: There will be time in the classroom and on the water. Instructors: please beprepared to share teaching tips and strategies that you have found to be particularlyeffective for various skills. Bring your own boat and paddling gear.

Day: SaturdayTime: 8:00am - 6pm +Location: Bay Cliff Health CampDetail: Instructional day:Instructor(s) are paired with paddling student with a disabilityon beginning instruction, adaptation development and testing in a pool setting.Comeprepared to spend time in the pool.Boats will be provided for pool session.

Day: SundayTime: 8:00am – 4:30pmLocation: Bay Cliff / Lambros ParkDetail: Outdoor Paddling Session: Students try out new paddling skills in a recreational
setting. There will be options for additional skill development, games and a group paddle.
This will be followed by a close out session for all.

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





Equipment To Bring:

Wetsuit / Cold water paddle clothing	Rainwear (No Ponchos)	
Swimsuit	Water bottle	
Paddle Footwear: with a heel strap	Sunscreen	
Hat / sun-shading headwear	Sun Glasses (w/ strap)	
Synthetic clothing (light and mid weight)	Towels	
Kayak with 2 bulkhead for flotation, spray skirt, paddle, PFD and safety equipment		
Extras: paddling clothing that could be used by student (sun/wind/cold protection)		

PRE-REQUISITE for APW Instructor Endorsement / Certificate Candidates for this

APW: Previous experience paddling a kayak.

Go to Page 4 for EEC and Page 5 for Registration

Attached Health History Form should also be returned as part of registration.





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 as a student in the Adaptive Paddling Workshop, 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.





Bay Cliff Registration Form*

Name / Pronouns:	Phone / Email:	
ACA Number: ACA Instructor Certification(s): (if applicable)		
Organization Representing: (if applicable):		
How did you hear about this course:		
Please list any dietary needs or food allergies	:	
Do you require any housing accommodations?		

Signature:	Date:

*Please note: <u>This information is confidential</u>. <u>Email is not secure</u>. <u>Please MAIL this form along with Health History to</u>: *Bay Cliff Health Camp PO Box 310 Big Bay, MI 49808*