

Registration Form – Slippery Rock Training Clinic, June 5-6, 2010

Application Deadline: May 22, 2010

Name:		
Membership: Non members include a completed Membership Application and payment \$ 20.00 per family. Form is available at www.threeriverspaddlingclub.com All clinic participants must be TRPC members		\$ _____ Membership
Clinic Registration: Includes instruction plus \$5.00 ACA insurance		
Number of adult students _____ x \$20.00 per adult student	= \$ _____	\$ _____ Registration Total
Number of youth students _____ x \$10.00 per youth student	= \$ _____	
ACA membership required of all participants for insurance See top of ACA waiver for types		
NOTE – ACA membership is not the same as AW (American Whitewater) membership		
Current ACA Members (<i>list ACA member # on waiver</i>) _____	= \$0	\$ _____ ACA Total
ACA event memberships _____ x \$5.00 per person	= \$ _____	
ACA Introductory memberships _____ x \$15.00 per person	= \$ _____	
ACA Individual PAC memberships _____ x \$30.00 per person	= \$ _____	
ACA Family PAC memberships _____ x \$40.00 per person	= \$ _____	
ACA Student memberships _____ x \$25.00 per person	= \$ _____	
Saturday Dinner: \$15 for age 13 to adult, \$5 for age 12 and under		
Number of dinners, age 13-adult _____ x \$15.00 per person	= \$ _____	\$ _____ Dinner Total
Number of dinners, age 12 and under _____ x \$10.00 per child	= \$ _____	
Number of instructors/assistant instructors _____ free	= \$0	
Additional Donation: If desired – to help offset the cost of the clinic dinner		\$ _____ Additional Donation
Total: Add registration fees, dinner fees and additional donations. Make check payable to “Three Rivers Paddling Club.”		\$ _____ TOTAL
Camping: Breakneck Campground/Cheeseman Farm, 724-368-3233. http://www.breakneckcampground.com Pay camping fee directly to campground.		<input type="checkbox"/> Friday night <input type="checkbox"/> Saturday night

Send membership, registration, adult student experience survey, instructor and ACA waiver form with payments to:

Slip Clinic
6830 Italy Road
Export, PA 15632

724-448-1602 (between 3-9 p.m.)
jpolczy777@aol.com

Send youth clinic student experience survey and medical Release forms to:

Susan Knechtel
132 Dave St
New Brighton, PA 15066-3408
Home: (724) 847-4693
Work: (724) 284-4693
slkgeneral@hotmail.com

Instructor/Assistant Instructor Form

Name:		Phone:	Email:
Safety Gear you are bringing:	<input type="checkbox"/> Throw bag	<input type="checkbox"/> Other (list)	
	<input type="checkbox"/> First aid kit		
Relevant training you have:	<input type="checkbox"/> Current CPR	List other safety, education, or whitewater training	
	<input type="checkbox"/> Current first aid		
	<input type="checkbox"/> Expired CPR		
	<input type="checkbox"/> Expired first aid		
List prior TRPC clinics when you instructed (I), assisted (A) or safety boated (SB), and indicate I, A or SB			
Days you can attend: <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Preferred role: <input type="checkbox"/> Instructor <input type="checkbox"/> Assistant Instructor	
Preferred student age: <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Either		Preferred student skills <input type="checkbox"/> Beginners <input type="checkbox"/> Practiced Beginners <input type="checkbox"/> Intermediates <input type="checkbox"/> Advanced	
Other comments:			

Clinic Participation and Experience Survey Form

Submit a completed a copy of this form for EACH student

This form, clinic registration, youth clinic and ACA insurance forms can be found at <http://www.threerivers.org>

Name:	Phone:	Email:	Age:
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Boat Model: Kayak Canoe (circle type) Open/Decked Solo/ Tandem

Indicate the NUMBER OF DAYS that you spent paddling in the type of boat you will be using on each of the following kinds of water this year: Enter 0 for any water you have not paddled

Flat water (lakes and reservoirs)	Class I Rivers (Upper Allegheny Clarion, etc)	Class II River (Middle Yough, Slip Eckert-Harris, etc)	Class III Rivers (Lower Yough, Slippery Rock Mile, etc)
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Three most difficult rivers paddled this year and level (gauge reading)	(1)	(2)	(3)
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How many times during a typical river trip do you swim?

Check the 12 responses that best apply for the boat you will be using, 1 answer per question only, if you don't know the jargon check the left answer

Swimming Ability:	<input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Weak swimmer	<input type="checkbox"/> average swimmer	<input type="checkbox"/> Strong Swimmer
Aerobic exercise:	<input type="checkbox"/> Less than 1 hour per week	<input type="checkbox"/> 1 to 2 hours per week	<input type="checkbox"/> 2 to 4 hours per week	<input type="checkbox"/> More than 4 hours per week
Confidence:	<input type="checkbox"/> Uncomfortable in and around water	<input type="checkbox"/> Comfortable in a swimming pool	<input type="checkbox"/> Comfortable in action water sports	<input type="checkbox"/> Willing to take risks in water activities
Boat control:	<input type="checkbox"/> No experience or can keep boat straight in flat water	<input type="checkbox"/> Can maneuver in class I water to avoid obstacles.	<input type="checkbox"/> Can maneuver in Class II water; can work in current	<input type="checkbox"/> Can maneuver in Class III water; can play in Class II holes and waves
Eddy turns:	<input type="checkbox"/> Cannot perform eddy turns	<input type="checkbox"/> Can make eddy turns with difficulty	<input type="checkbox"/> Can make eddy turns in Class II water	<input type="checkbox"/> Can make eddy turns in Class III water
Ferrying:	<input type="checkbox"/> Cannot ferry	<input type="checkbox"/> Can ferry in Class I water	<input type="checkbox"/> Can ferry in Class II water	<input type="checkbox"/> Can ferry in Class III water
Paddle strokes:	<input type="checkbox"/> No paddling experience	<input type="checkbox"/> Knows basic strokes (Forward, Reverse, Sweep, Draw)	<input type="checkbox"/> Comfortable executing basic strokes on Class II water (knows bracing/sculling)	<input type="checkbox"/> Comfortable executing basic strokes on Class III water (knows duffek/cross draw)
Water Reading:	<input type="checkbox"/> Little or no experience	<input type="checkbox"/> Can recognize basic river features (eddies, holes, waves, V's)	<input type="checkbox"/> Can plan routes in Class II rapids	<input type="checkbox"/> Can plan routes in Class III rapids
Bracing:	<input type="checkbox"/> No brace	<input type="checkbox"/> Inconsistent brace	<input type="checkbox"/> Solid brace in Class II water	<input type="checkbox"/> Solid brace in Class III water
Rescue ability:	<input type="checkbox"/> No exit skills	<input type="checkbox"/> Can safely exit from capsized boat in current	<input type="checkbox"/> Can self-rescue in Class II water	<input type="checkbox"/> Can self-rescue in Class III water; can assist others in Class II water
Rolling:	<input type="checkbox"/> No roll	<input type="checkbox"/> Pool roll (3 out of 4 times)	<input type="checkbox"/> River roll in Class II water (3 out of 4 times)	<input type="checkbox"/> River roll in Class III water (9 out of 10 times)
Aggressiveness	<input type="checkbox"/> Don't play much	<input type="checkbox"/> Plays on familiar rivers	<input type="checkbox"/> Plays on most rivers; explores new routes	<input type="checkbox"/> Plays a lot; works rivers long and hard

List any physical limitations or medical conditions that apply to you such as allergies, diabetes, epilepsy, etc:

Other comments /requests:

Check here if you are interested in participating in the Slalom Skills & Drills Clinic (see www.threerivers.org for requirements)



AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All participants in ACA-insured activities must be ACA members in one of the following categories (choose one):

I am currently an ACA member. My member number appears below. (Check here if renewing with this form <input type="checkbox"/>) <input type="checkbox"/>	I would like a one-year ACA Paddle America Club Membership for: (check & circle one) Individual \$30 Family (2 adults + minors) \$40 <input type="checkbox"/>	I would like a one-year ACA Membership for: (check & circle one) Individual \$40 Family (2 adults + minors) \$60 <input type="checkbox"/>
I would like a one-year Student Membership for \$25 (under 18, or under 23 with copy of student ID) <input type="checkbox"/>	I would like an ACA Introductory Membership for \$15 (Six month full membership with benefits, including <i>Paddler</i> Magazine) <input type="checkbox"/>	I would like an ACA Event Membership for \$5 (one activity membership, no member benefits) <input type="checkbox"/>

AMERICAN CANOE ASSOCIATION ADULT WAIVER & RELEASE OF LIABILITY READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in the American Canoe Association, Inc. sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of paddlesports and related activities and that I am qualified, in good health, in proper physical condition to participate in such activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the trip as planned, I assume all risks inherent in my decision to leave.

2. FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the American Canoe Association, Inc., its Paddle America Clubs, affiliated clubs and organizational affiliates, their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name (print) _____ Date of Birth _____ ACA # (if any) _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Date _____ Adult Signature _____

Name / Description of Activity or Event _____

Sponsoring Club / Organization Three Rivers Paddling Club - ACA # 038030 Activity Date _____