

# TRPC Youth Clinic Participation and Experience Survey Form Page 1 of 2

**Keep this page for future reference** (by Sue Knechtel)

## What to Bring: The Big 5 and more!

1. Kayak - the smallest & lightest you can find (Check with Riversport or other suggested vendors for rentals, specify child's size)
2. Paddle - shorter and lighter is better. Weight is more critical than length if you have to choose.
3. Life Jacket - When buckled properly, shoulders of life jacket should not be able to be lifted above the child's ears. Child should lift off ground before jacket rises over ears. Try jacket on the child before you get to the clinic.
4. Helmet- full head coverage preferred, including ears and back of head.
5. Sprayskirt - For younger paddlers, bungee cord cockpits preferred. Children 8 & under who have never been in a boat before or are a basic beginner will only need a nylon or similar splash skirt. If you are unsure of the type you will need, please call ahead of time to discuss. Some children may not be using skirts at all ... but it's one of the 5 'must haves' for normal kayaking.
6. Nose plugs - any style, preferably on a string of some type to attach to helmet or lifejacket. Available where goggles and such are sold, even sometimes the dollar store.
7. Lunch - non-perishable, nothing needing refrigeration for the day. Lunch should be in a waterproof bag or container. Double any Ziplocs if that is what you will be using.
8. Water bottle - 1 for each day or a refillable container ... one that does not leak when laid on side or upside down.
9. Sunscreen - Especially for face and hands.
10. Clothing - Wetsuit, polypro long underwear or fleece pants and top, the water is usually cold in the lake. Fleece is polyester. DO NOT USE COTTON. Swimsuit under whatever else they are wearing.

## Meeting Place

Saturday and Sunday, June 6 and 7, meet by 9 a.m. for sign-in at Breakneck Campground in the pavilion near the Lodge. Anyone joining us only on Sunday will need to contact the instructor before the weekend and set up a contact plan for Saturday night or Sunday morning. Sunday's plans will be determined by Saturday's events and weather. Students will regroup with their families at the Campground before dinner. If parents are participating in the clinic and are not available when the youth returns, children will be kept in the general area of the instructors' camp or the camp of a fellow youth participant whose parent stayed at the campground. No child under 15 will be allowed to venture around on their own. Children will use a buddy system in the campground until their chaperones are present. If you allow your child to be released to someone other than the parent/guardian, please notify the instructor when dropping the child off. Please be sure the child has dry clothes to change into upon returning to the campground.

**Youth Clinic Coordinator: Laurie Haugh -- 412-390-8423**

## Forms to submit for Youth Registration

Submit to *Matt Pascal* along with payment at 1042 S. Braddock Ave, 2<sup>nd</sup> Floor, Pgh, PA 15218

1. Registration form for clinic and dinner (submitted to *Matt Pascal* along with payment)

Submit to *Laurie Haugh* at 146 1<sup>st</sup> Street, Pittsburgh, PA 15238

2. Youth Slip Clinic Participation and Experience Survey Form
3. Medical Release Form
4. ACA waiver and release of Liability Form
5. Youth Clinic Check Off list

# 2009 Youth Slip Clinic Participation and Experience Survey Form

**Submit a completed a copy of this form for EACH student.**

|  |  |
|--|--|
| <p><b>Please be candid and accurate concerning your paddling skills.</b><br/>This survey information will be used to place you into the appropriate skill level group for the clinic with other paddlers whose abilities are similar to yours.</p> | <p>The <b>Youth Clinic</b> has its own required forms that are available at <a href="http://www.threerivers.com">www.threerivers.com</a>. Participants must be at least 6 yrs old. If you do not have internet access and cannot download Youth Clinic Forms, please contact:<br/><b>Laurie Haugh 412-390-8423 or lhaugh@idlww.com</b></p> |
| <p>Student's Name <span style="float: right;">Age</span></p>   | <p>Kayak model:</p>  |
| <p>Phone <span style="float: right;">Email</span></p>  | <p>If you participated in a previous clinic, who was your last instructor?</p>   |

**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 during the past year:**

- |  |   |
|--|---|
| <p><input type="checkbox"/> Flat water, such as lakes and reservoirs</p> <p><input type="checkbox"/> Class I rivers, such as the Upper Allegheny</p> <p><input type="checkbox"/> Class II rivers, such as the Middle Yough</p> <p><input type="checkbox"/> Class III Rivers, such as Lower Yough or Mile on Slip</p> | <p>List most difficult rivers run and water levels: _____</p> <p>_____</p> <p>_____</p> |
|--|---|

**Circle the response that best applies for the boat you will be using at the clinic. One answer per question, please.**

|                                     |                                   |                                |                                    |   |
|-------------------------------------|-----------------------------------|--------------------------------|------------------------------------|---|
| <b>Swimming Ability</b>             | non-swimmer                       | weak swimmer                   | average swimmer                    | strong swimmer                            |
| <b>Physical Activity (per week)</b> | less than 1 hour aerobic exercise | 1-2 hours aerobic exercise     | 2-4 hours aerobic exercise         | more than 4 hours aerobic exercise        |
| <b>Confidence</b>                   | uncomfortable in and around water | comfortable in a swimming pool | comfortable in action water sports | willing to take risks in water activities |

|                       |   |  |  |   |
|-----------------------|---|--|--|---|
| <b>Boat Control</b>   | no experience or can keep boat straight in flat water | can maneuver in class I water to avoid obstacles                     | can maneuver in class II water; can work in current                              | can maneuver in class II water; can play in class II holes and waves              |
| <b>Eddy Turns</b>     | no experience   | can make eddy turns with difficulty                                  | can make eddy turns in class II water  | can make eddy turns in class III water  |
| <b>Ferrying</b>       | cannot ferry  | can ferry in class I water   | can ferry in class II water  | can ferry in class III water  |
| <b>Paddle Strokes</b> | no paddling experience                                | knows basic strokes (forward, reverse, sweep)                        | comfortable executing basic strokes on class II water; knows bracing & sculling. | comfortable executing basic strokes on class III water; knows duffek & cross draw |
| <b>Water Reading</b>  | little or no experience                               | can recognize basic river features (eddies, holes, waves, V's, etc.) | can plan routes in class II rapids   | can plan routes in class III rapids   |
| <b>Bracing</b>        | no experience   | inconsistent brace   | solid brace in class II water  | solid brace in class III water  |
| <b>Rescue Ability</b> | no exit skills  | can safely exit from capsized boat in current                        | can self-rescue in class II water  | can self-rescue in class III water; can assist others in class II water           |
| <b>Rolling</b>        | no roll   | pool roll (3 out of 4 times)   | river roll in class II water (3 out of 4 times)                                  | river roll in class III water (9 out of 10 times)                                 |
| <b>Aggressiveness</b> | no experience   | plays on familiar rivers   | plays on most rivers; explores new routes  | plays a lot; works rivers long and hard   |

Additional Comments can be written on back.

# YOUTH CLINIC MEDICAL RELEASE FORM

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

List any physical limitations or medical conditions that apply to this child, such as allergies, diabetes, epilepsy, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent / Legal Guardian Authorization:

I hereby approve of my son's / daughter's attendance at the Three Rivers Paddling Club Youth Clinic and certify that he / she/ is in good health and able to participate in the clinic activities. I authorize the instructors to act for me according to their best judgment in any emergency requiring medical attention.

Parent's / Legal Guardian's Signature (in ink) \_\_\_\_\_

Date \_\_\_\_\_

Hospitalization Insurance Company \_\_\_\_\_

Policy / Group Number \_\_\_\_\_ -

Date of last Tetanus shot (if known) \_\_\_\_\_

During the clinic, I can be reached at \_\_\_\_\_

Phone \_\_\_\_\_

If you are unable to reach me, please contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Additional comments or questions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# YOUTH CLINIC CHECK-OFF LIST

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Boat Type: Kayak \_\_\_ Canoe \_\_\_

Paddling: Saturday \_\_\_ Sunday \_\_\_

Describe briefly your paddling experiences. \_\_\_\_\_

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## Check the skills that you have.

- |  |  |
|--|--|
| <input type="checkbox"/> Name the big five.                      | <input type="checkbox"/> Wet exit (no skirt).  |
| <input type="checkbox"/> Carry my equipment.                     | <input type="checkbox"/> Wet exit and swim to shore (no skirt).  |
| <input type="checkbox"/> Carry my boat & equipment.              | <input type="checkbox"/> Wet exit with skirt   |
| <input type="checkbox"/> Help pack/unpack the shuttle vehicle.   | <input type="checkbox"/> Wet exit with skirt after slapping boat<br>three times.                                       |
| <input type="checkbox"/> Help beginners with equipment.          | <input type="checkbox"/> Paddle forward.   |
| <input type="checkbox"/> Tie down my boat.                       | <input type="checkbox"/> Paddle forward in a straight line.  |
| <input type="checkbox"/> Pull someone in with a throw rope.      | <input type="checkbox"/> Paddle backward.  |
| <input type="checkbox"/> Throw a throw rope.                     | <input type="checkbox"/> Lean and slap water with a flat paddle.   |
| <input type="checkbox"/> Set up a throw line.                    | <input type="checkbox"/> Brace on both sides.  |
| <input type="checkbox"/> Tow a beginner.                         | <input type="checkbox"/> Surf forwards.  |
| <input type="checkbox"/> Bow rescue an instructor.               | <input type="checkbox"/> Ferry back and forth.   |
| <input type="checkbox"/> Swim in the proper whitewater position. | <input type="checkbox"/> Enter an eddy in both directions.   |
| <input type="checkbox"/> Explain what a strainer is.             | <input type="checkbox"/> Exit an eddy in both directions.  |
| <input type="checkbox"/> Explain what an eddy is.                | <input type="checkbox"/> Enter an eddy high and tight.   |
| <input type="checkbox"/> Name one sign of an upcoming rapid.     | <input type="checkbox"/> Exit an eddy high with a good angle for<br>heading downstream.                                |
| <input type="checkbox"/> Name two signs of an upcoming rapid.    | <input type="checkbox"/> Exit an eddy high with a very slight<br>angle for ferrying.                                   |
| <input type="checkbox"/> Explain river right/left.               | <input type="checkbox"/> Attain a rapid.   |
| <input type="checkbox"/> Plan a safe route through a rapid.      | <input type="checkbox"/> Hit a wave and a small hole sideways.   |
| <input type="checkbox"/> Choose a safe place to play.            | <input type="checkbox"/> Execute a slalom/obstacle course.   |
| <input type="checkbox"/> Name three warm-up exercises.           | <input type="checkbox"/> Create and execute a slalom/obstacle<br>course that combines at least 6<br>paddling maneuvers |
| <input type="checkbox"/> Lead two warm-up exercises.             |  |
| <input type="checkbox"/> Find the correct hand position.         |  |
| <input type="checkbox"/> Do five donuts in one minute.           |  |
| <input type="checkbox"/> Do a hip snap.                          |  |