

Registration Form -- Turkey Bash Training Clinic, August 1 - 2, 2009

Application Deadline: July 18, 2008

Registration confirmation may be obtained by including a stamped, self-addressed envelope with your registration forms

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 = \$ _____ Number of youth students ____ x \$10.00 per youth student = \$ _____ ACA Member Credit* ____ x -\$5.00 per ACA Member= -\$ _____ <i>*Must list ACA member # on waiver</i>	\$ _____ Registration Total
Saturday Dinner: \$8 for age 13 to adult, \$5 for age 12 and under Number of dinners, age 13-adult ____ x \$8.00 per person = \$ _____ Number of dinners, age 12 and under ____ x \$5.00 per child = \$ _____ Number of safety boaters ____ x \$8.00 per person = \$ _____ Number of instructors/assistants ____ free Number of cooks (not boating) ____ free <input type="checkbox"/> Bakeoff participants	\$ _____ Dinner Total
Additional Donation: If desired – to help offset the cost of the clinic dinner	\$ _____ Add'l. Donation
Total: Add registration fees, dinner fees and additional donations. Make check payable to " Three Rivers Paddling Club. "	\$ _____ TOTAL
Camping: Benner's Meadow Run Campground, 724-329-4097 Pay camping fee directly to campground at time of arrival. www.bennersmeadowrun.com	<input type="checkbox"/> Friday night <input type="checkbox"/> Saturday night

Instructor/Assistant/Safety Boater Form

Name:		Phone:	Email:
Safety Gear you are bringing:	<input type="checkbox"/> Throw bag <input type="checkbox"/> First aid kit	<input type="checkbox"/> Other (list)	
Relevant training you have:	<input type="checkbox"/> Current CPR <input type="checkbox"/> Current first aid <input type="checkbox"/> Expired CPR <input type="checkbox"/> Expired first aid	List other safety, education, or whitewater training	
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 roll: <input type="checkbox"/> Instructor <input type="checkbox"/> Assistant <input type="checkbox"/> Safety Boater	
Preferred student age: Either	<input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/>	Preferred student skills <input type="checkbox"/> Beginners <input type="checkbox"/> Practiced Beginners <input type="checkbox"/> Intermediates <input type="checkbox"/> Advanced	
Other comments:			

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

Dave Greenwald
235 Rockingham Rd
Pittsburgh PA 15238
412 968 0597
TurkeyBash2009@comcast.net

Send youth clinic registration forms to:

Sue Knechtel
132 Dave St.
New Brighton PA 15066
724 284 4693
slkgeneral@hotmail.com



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 \$10 (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 _____ Activity Date _____