

# 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

<b>Name:</b>	
<b>Membership:</b> Non members include a completed Membership Application and payment \$ 20.00 per family. Form is available at <a href="http://www.threeriverspaddlingclub.com">www.threeriverspaddlingclub.com</a> All clinic participants must be TRPC members	\$ _____ Membership
<b>Clinic Registration:</b> <b>Includes instruction plus \$5.00 ACA insurance</b> 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
<b>Saturday Dinner:</b> <b>\$8 for age 13 to adult, \$5 for age 12 and under</b> 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
<b>Additional Donation:</b> If desired – to help offset the cost of the clinic dinner	\$ _____ Add'l. Donation
<b>Total:</b> Add registration fees, dinner fees and additional donations. Make check payable to " <b>Three Rivers Paddling Club.</b> "	\$ _____ <b>TOTAL</b>
<b>Camping:</b> Benner's Meadow Run Campground, 724-329-4097 <i>Pay camping fee directly to campground at time of arrival.</i> <a href="http://www.bennersmeadowrun.com">www.bennersmeadowrun.com</a>	<input type="checkbox"/> Friday night <input type="checkbox"/> Saturday night

**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](mailto:TurkeyBash2009@comcast.net)

**Send youth clinic registration forms to:**

Sue Knechtel  
 132 Dave St.  
 New Brighton PA 15066  
 724 284 4693  
[slkgeneral@hotmail.com](mailto:slkgeneral@hotmail.com)

Dues are <b>\$20 per household</b> (\$7 in Sept. and Oct.) and are for the CALENDAR YEAR. Memberships received after Nov. 1 will be applied to the next calendar year. Return this completed application with a check payable to <b>TRPC</b> to:  <b>TRPC Membership Chair</b> <b>384 Lindscot Lane</b> <b>Wexford, PA 15090</b>	<h2 style="margin:0;">2009 TRPC</h2> <h3 style="margin:0;">Membership Application</h3> <p style="margin:0;">Pittsburgh, Pennsylvania Established in 1977</p>	
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(please print) Last Name			Dues: \$20 per household	<b>\$20.00</b>
Address			Extra Rosters @ \$2 each	
City	State	ZIP + 4	TRPC stickers @ \$1 each	
Newsletter Delivery: <input type="checkbox"/> Web Delivery <input type="checkbox"/> U.S. Mail Delivery (default)			<b>TOTAL ENCLOSED</b>	

**Member's Mutual Agreement for Protection From Liability**

DESIRING TO JOIN MY FELLOW PADDLERS IN THE THREE RIVERS PADDLING CLUB (TRPC), I DO HEREBY DECLARE THAT I FULLY UNDERSTAND AND ACCEPT THE FOLLOWING FACTS REGARDING PADDLING:

- (1) Boating (canoeing, kayaking, rafting, etc.), particularly on white water rivers, is inherently hazardous, and therein lies part of its appeal to me;
- (2) No one but myself is responsible for my safety when I choose to challenge my capabilities by paddling on any river, creek, or lake;
- (3) It is my moral and sporting "duty" to assist my fellow paddlers to the best of my own personal ability, if they appear to need such assistance, but **ONLY** so long as I can do so, in my own best judgment, without endangering myself. I understand that this does **NOT** imply any **LEGAL** duty for me to render such assistance, nor for anyone else to render me such assistance.

**NOW THEREFORE, INTENDING TO BE LEGALLY BOUND, I DO HEREBY WAIVE,**

for myself, my heirs and assigns, and for anyone else whomsoever claiming through me, my right to sue or in any other way to attempt to hold responsible, TRPC, its officers, and so called "trip leaders" or "trip coordinators", or any of my fellow paddlers, for any mishaps to my person or my equipment, other than that which is due to the willful and malicious action of the individual against whom I claim relief.

This waiver is given in the interest of permitting TRPC to exist and to serve the paddling community, and to enable myself and my fellow paddlers to feel free to donate their services to improving the sport and to help in training those less skilled than ourselves without fear of liability.

**MY WAIVER, THEREFORE, IS GIVEN IN CONSIDERATION FOR SIMILAR WAIVERS TO BE GRANTED ON MY BEHALF BY ALL OTHER MEMBERS OF THIS ORGANIZATION.**

Paddler Information (please print)	Liability Waiver Signature Parent/Guardian must sign for those under age 18	Date
Name (sample): Jane Paddler K1/4, SK/F, W Phone: ☎ C W 555-555-5555	Signature: <i>Jane Paddler</i> Email: JanePaddler@anywhere.com	
#1 Name: Phone: H C W	Signature: Email:	
#2 Name: Phone: H C W	Signature: Email:	
#3 Name	Signature:	
#4 Name	Signature:	
#5 Name	Signature:	
#6 Name	Signature:	

Boat Type/Paddling Interests	Water Difficulty in which you are COMFORTABLE	Availability and Other Interests
K1 – Kayak, solo      02 – Open Canoe, tandem C1 – Decked Canoe, solo      SK – Sea Kayak 01 – Open Canoe, solo      IN – Inflatable (any kind)	F – Flat Water 1, 2, 3, 4, 5 – Whitewater (Beginners should list 1 or F)	W – Available Weekdays S – Available Summer Weekdays I – Impromptu Paddling

<p>TRPC is an all-volunteer organization and participation of our members is needed in order to continue the variety and quality of programs and services provided in the past. If you are interested in helping TRPC in any of the areas listed to the right, please check those items.</p>	<input type="checkbox"/> Clinic Instructor/Assistant <input type="checkbox"/> Meeting Programs <input type="checkbox"/> Food & Beverages (mtg.) <input type="checkbox"/> Outings <input type="checkbox"/> Safety <input type="checkbox"/> Conservation <input type="checkbox"/> Newsletter <input type="checkbox"/> Club Roster	<input type="checkbox"/> Trip Coordinator  River/Section to be run: _____  Date(s): _____
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# 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)
_____	_____	_____	_____

Three most difficult rivers paddled this year and level (gage reading)	(1)	(2)	(3)
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How many times during a typical river trip do you swim?

Check the 12 Responses the best apply for the boat you will be using, one 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:



# 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 Magazine</i> ) <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 \_\_\_\_\_