

TRPC Youth Clinic

Keep this page for future reference

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 - The shorter and lighter the better, weight 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 it on them before you get there.
4. Helmet- Full head coverage preferred, ears and back of head.
5. Sprayskirt - For younger paddlers, bungee cord cockpits preferred. Anyone 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 as some children may not be using them at all but is 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 bought, even sometimes the dollar store.
7. Lunch - non-perishable, nothing needing refrigeration for the day. This 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. Preferably one that does not leak when laid on side or upside down.
9. Sunscreen - Especially for face as rest of body may be covered.
10. Clothing - Wetsuit, polypro long underwear or Fleece Pants and Top, the water is usually cold in the lake. Fleece is polyester, cotton is not recommended. Swimsuit under whatever else they are wearing.

Meeting Place

Instructors will contact students prior to weekend and set up any specific meeting places needed for their class. This is more relevant to the older more experienced groups. Beginners and anyone who has not been contacted will meet at 8 am on Saturday morning at the picnic pavilion in the campground. Anyone joining us only on Sunday will need to contact instructor before the weekend and set up a contact plan for Saturday night or Sunday morning as a lot of Sunday's plans will be determined by Saturday events and weather. Students will regroup with their families at Campground. 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	Laurie Haugh
Coordinator:	146 1 st St
	Blawnox PA 15238
	lhaugh@idlww.com
	(412) 390-8423

Forms to submit to Laurie for Youth Registration

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

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: <input style="width: 95%;" type="text"/>	Phone: <input style="width: 95%;" type="text"/>	Email: <input style="width: 95%;" type="text"/>	Age: <input style="width: 95%;" type="text"/>
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Boat Model: Kayak: Canoe: Open Solo Decked Solo Open Tandem Decked 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

<input style="width: 30px; height: 20px;" type="text"/> Flat water (lakes and reservoirs)	<input style="width: 30px; height: 20px;" type="text"/> Class I Rivers (Upper Allegheny Clarion, etc)	<input style="width: 30px; height: 20px;" type="text"/> Class II River (Middle Yough, Slip Eckert-Harris, etc)	<input style="width: 30px; height: 20px;" type="text"/> Class III Rivers (Lower Yough, Slippery Rock Mile, etc)
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Hardest rivers and levels. Enter N/A if you have not paddled 3.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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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="radio"/> Non-swimmer	<input type="radio"/> Weak swimmer	<input type="radio"/> Average swimmer	<input type="radio"/> Strong swimmer
Aerobic exercise:	<input type="radio"/> Less than 1 hour per week	<input type="radio"/> 1 to 2 hours per week	<input type="radio"/> 2 to 4 hours per week	<input type="radio"/> More than 4 hours per week
Confidence:	<input type="radio"/> Uncomfortable in and around water	<input type="radio"/> Comfortable in a swimming pool	<input type="radio"/> Comfortable in action water sports	<input type="radio"/> Willing to take risks in water activities
Boat control:	<input type="radio"/> No experience or can keep boat straight in flat water	<input type="radio"/> Can maneuver in class I water to avoid obstacles.	<input type="radio"/> Can maneuver in Class II water; can work in current	<input type="radio"/> Can maneuver in Class III water; can play in Class II holes and waves
Eddy turns:	<input type="radio"/> Cannot perform eddy turns	<input type="radio"/> Can make eddy turns with difficulty	<input type="radio"/> Can make eddy turns in Class II water	<input type="radio"/> Can make eddy turns in Class III water
Ferrying:	<input type="radio"/> Cannot ferry	<input type="radio"/> Can ferry in Class I water	<input type="radio"/> Can ferry in Class II water	<input type="radio"/> Can ferry in Class III water
Paddle strokes:	<input type="radio"/> No paddling experience	<input type="radio"/> Knows basic strokes (Forward, Reverse, Sweep, Draw)	<input type="radio"/> Comfortable executing basic strokes on Class II water (knows bracing/sculling)	<input type="radio"/> Comfortable executing basic strokes on Class III water (knows duffek/cross draw)
Water Reading:	<input type="radio"/> Little or no experience	<input type="radio"/> Can recognize basic river features (eddies, holes, waves, V's)	<input type="radio"/> Can plan routes in Class II rapids	<input type="radio"/> Can plan routes in Class III rapids
Bracing:	<input type="radio"/> No brace	<input type="radio"/> Inconsistent brace	<input type="radio"/> Solid brace in Class II water	<input type="radio"/> Solid brace in Class III water
Rescue ability:	<input type="radio"/> No exit skills	<input type="radio"/> Can safely exit from capsized boat in current	<input type="radio"/> Can self-rescue in Class II water	<input type="radio"/> Can self-rescue in Class III water; help others in Class II water
Rolling:	<input type="radio"/> No roll	<input type="radio"/> Pool roll (3 out of 4 times)	<input type="radio"/> River roll in Class II water (3 out of 4 times)	<input type="radio"/> River roll in Class III water (9 out of 10 times)
Aggressiveness	<input type="radio"/> Don't play much	<input type="radio"/> Plays on familiar rivers	<input type="radio"/> Plays on most rivers; explores new routes	<input type="radio"/> 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:

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. _____

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 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 heading downstream. |
| <input type="checkbox"/> Name two signs of an upcoming rapid. | <input type="checkbox"/> Exit an eddy high with a very slight 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 course that combines at least 6 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. | |



AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All minor 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 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 Paddler 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 MINOR 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 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.

MINOR PARTICIPANT: I, THE MINOR PARTICIPANT, 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.

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

Minor Street Address _____ Minor Phone _____

Minor City _____ Minor State _____ Minor Zip _____ Minor Email _____

Date _____ Minor Signature _____

PARENT OR GUARDIAN: I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPO RTS AND RELATED ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Parent/Guardian Name (print) _____ Parent/Guardian ACA # (if any) _____

P/G Street Address _____ P/G Phone _____

P/G City _____ P/G State _____ P/G Zip _____ P/G Email _____

Date _____ Parent / Guardian Signature _____

Activity Description _____ Sponsoring Org. _____ Activity Date _____