



**American Canoe Association**  
**ADAPTIVE PADDLING**  
**INSTRUCTION**  
Saturday & Sunday, February 13 & 14,  
2010



Are you interested in learning to kayak?

On **02/13/2010** instructors from the American Canoe Association (ACA) will be offering an adaptive paddling workshop in kayaking in cooperation with Kayak Instruction, Inc.

This is an opportunity for individuals who have significant mobility impairments to receive instruction in sea kayaking from expert instructors. You will learn how to compensate for function lost due to your disability, how to adapt the boat and paddle to best suit your needs, and you will complete the ACA Introduction to Paddling course.

This course includes paddling instruction in a pool session and paddling on calm water with your instructors. Paddling is a great sport to enjoy with your family and friends because water is the ultimate equalizer.

Sunday, 2/14/2010 **8:00 am to 6:00 pm** at **The Colony Aquatic Park.**

This is the **first** time this course has been taught in the **Dallas – Fort Worth** area, although it has been taught around the country for the past 20 years. The lead ACA instructors will be from The ACA National Office in Virginia and locally in Texas.

**Pre-registration is required** for this course and **Space is limited!** *There is a registration fee of **\$50.00***

For more information and registration forms please contact **Dave Holl** at **dave@kayakinstruct.com** or by phone at **972 412 7691**. For more information about paddling visit <http://www.americancanoe.org>.



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**INSTRUCTION**  
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**Registration Information**



Please read the following information before completing your registration for this course:

Essential Eligibility Criteria to participate in this course:

In order to participate as a student in the Adaptive Paddling Workshop, each individual must meet the following criteria:

- Have a significant mobility impairment that limits the ability to participate in recreation activities.
- Be able to breath independently, not require medical devices to sustain breathing.
- Be able to hold head upright without neck / head support.
- Be able to maintain a closed mouth / lips while under water.
- Following instruction in the pool, be able to independently turn from face down to face up and remain floating face up while wearing a properly fitted personal floatation device (life preserver).
- Be able to manage personal care independently or with the assistance of a companion\* (friend or family member) who accompanies the individual.

\* at no cost to the hosting / sponsoring organization

Check one:

- I have read the above essential eligibility criteria and will be able to participate fully in the class.
- I have questions about the essential eligibility criteria and would like to speak with someone from this course.

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone or TTY # \_\_\_\_\_

E-mail (if you have it) \_\_\_\_\_

Disability \_\_\_\_\_

Any previous Paddling experience

Any concerns?

How did you hear about this course?

For more information:

Contact **Dave Holl** by phone at **972 412 7691** or by e- mail at **dave@kayakinstruct.com**



Please complete the following  
**Confidential Participant  
 Information**



and mail to Dave Holl, 8410 Seafield Lane,  
 Rowlett, Texas 75089

**BY 1/31/2010**

Call 972 412 7691 with any questions.

Canoeing / Kayaking is a strenuous activity. If you have any questions regarding your health and participation in canoeing / kayaking, please discuss it with your physician. We ask you the following information to be aware of any potential problems and to help you enjoy safely the sport of canoeing / kayaking. Please use additional paper in necessary.

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

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth / Age: \_\_\_\_\_

**Section 1: General questions**

Describe your swimming ability:

Describe your canoeing / kayaking experience:

How would you describe your general health:

**Section 2: Medical Information & History**

Have you ever had? (please check the Yes or No column)

Condition	Yes	No	Condition	Yes	No
Allergies			Diabetes		
Heart Disease			Asthma		
High Blood Pressure			Back Problems		
Dislocations			Do you have muscle spasms If Yes...what triggers them?		
Do you get cold easily			Are you greatly affected by heat		

Are you pregnant			Are you taking medication		
Are you allergic to any medication			Any side effects of medication such as sun sensitivity, fatigue, etc.?		
Are you allergic to insect bites or bee stings If Yes...do you carry medication?	Yes	No	Seizures If Yes...what triggers them? If Yes...date of last seizure?	Yes	No

**If you answered Yes** to any of the above items, please explain below:

Condition

Symptom

_____	_____
_____	_____
_____	_____
_____	_____

Do you have a disability? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

How long have you had the disability? \_\_\_\_\_

Do you have a mobility impairment? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Do you have a sensory impairment (sight, sounds or sensation)? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

So that we can better understand your needs, please list any medical, physical, psychological or emotional issues not mentioned above:

**Insurance Information:**

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

Group / ID #: \_\_\_\_\_

Insured persons name: \_\_\_\_\_

**In Case of Emergency - Please contact:**

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

Phone (day): \_\_\_\_\_ Phone (day): \_\_\_\_\_

Phone (eve): \_\_\_\_\_ Phone (eve): \_\_\_\_\_

Relation: \_\_\_\_\_ Relation: \_\_\_\_\_