

Rockaway Olympic Canoe & Kayak Club

SCOTT GREIFENBERGER, COMMODORE (516) 993-3692

June 15, 2010

RE: Summer Training Program for Kids

Dear Friends:

Thank you for inquiring about the Summer Training Program of the Rockaway Olympic Canoe & Kayak Club (ROCK) at the Atlantic Division Camp of the American Canoe Association at Lake Sebago, NY. Pictures taken last year by one of our Coaches are available on the web at URL: http://www.rockcanoe.net/slides/training100_09/training100_09_0.html. Have a look!

The Training Program is held at the ACA Family Camp in beautiful Harriman State Park with the support of the Paddling Committee of the Camp. Children don't have to be members of ROCK to attend, but they do have to be members of the **American Canoe Association (ACA)** and they must have a **Camp Season Pass**. We enclose information on how to obtain these, if you don't already have them.

The enclosed sample schedule will help you to determine if our Training Program will be the right program for your child this summer. If previous years are any indication of the success of this Program, we can expect almost ALL of our previous year's children to return this year.

Children should be interested in learning and improving their kayaking and canoeing skills. We provide a program for beginners as well as experienced paddlers, ages 8 to 13 years. The older members of the group are experienced paddlers who assist with the program. There are approximately 22 participants each week. We strive for a good balance between fun activities and serious training. We never push a child past his or her own goals and ability. -- *But we don't hold them back either.* **Paddlers who are over 14 years of age (Jan. 1, 2010) will only be invited if they are training to compete in the Lake Placid International Regatta or the USACK National Championships and can prove themselves to be an asset to our program.**

We recommend that your child is well familiar with the ACA Family Camp at Lake Sebago before making a decision. Our space is limited and we want to do our best to make this a wonderful experience for all interested paddlers. Please review the sample schedule with your child.

This year, the Lake Placid International Regatta will be July 2-4 in Lake Placid, NY and the USA Canoe/Kayak National Sprint Racing Championships will be August 5 at Lake Sebago. As usual we give priority to paddlers who are planning on competing in these events. If you have any additional questions, please contact me at (516) 993-3692.

We look forward to seeing you at the lake!

Sincerely,

Scott Greifenberger, Commodore (Club President) (516) 993-3692

SAMPLE DAILY SCHEDULE for TRAINING PROGRAM

(subject to change)

- 7:10 GROUP WAKE UP
- 7:40 GROUP STRETCH BEFORE RUN WORK OUT
WAKE UP RUN -
WARM DOWN STRETCH
- 8:15 **DRINK WATER**
1ST PADDLE GROUP - PLEASE GO TO DOCK PREPARED
LAUNCH FROM SCOTT'S DOCK
- 9:15 BREAKFAST - OVERLOOK
- 9:45 CHORES & BASKETBALL OR BADMITTON
- 10:15 LAPS AND POOL GAMES
- 11:15 FRUIT, SNACKS, AND JUICES - GO STRAIGHT TO DOCKS
- 11:30 TEAM BOAT PADDLE **DRINK WATER**
- 12:40 LUNCH
- 1:00 - 2:00 FREE TIME OR **CHORES IF NOT DONE**
- 2:00 HIKE OR SIMILAR ACTIVITY (BLUEBERRY PICKING)
BRING LOTS OF WATER AND SNACKS
- 3:30 COOL OFF SWIM / SHOWERS
- 4:15 2ND WORK OUT - **ON WATER BY 4:30 DRINK WATER**
- 6:30 DINNER
CHORES, CLEAN UP AND SHOWERS
- 8:00 CAMP FIRE (IF CONDITIONS ALLOW)
- 9:15 LIGHTS OUT

Training Program Application, Page 1 of 5, Registration

(One form per Child, please)

1. CHILD'S NAME _____

2. CHILD'S ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

3. CHILD is a ROCKAWAY OLYMPIC C& K CLUB Member (Check one):

Note: Children are *not* required to be Rockaway members, but members *are* eligible for a discount.

Child is currently a ROCK member

Child is joining now, and a Junior or Family membership application is appended

Child will attend as a non member

4. CHILD'S ACA MEMBER # _____

Note: The Child *must* be an ACA member to attend. Memberships can be obtained on-line at www.americancanoe.org and cost \$25 (student), \$40 (individual) and \$60.00 (family).

5. CHILD has ACA Lake Sebago Family Camp Season Pass: (Circle if true) YES

Note: The Child *must* hold an ACA Lake Sebago Family Camp Season Pass to attend. Pass application forms are available at the Main Pavilion at the Camp, and cost \$30 (Junior) and \$125.00 (family).

6. CHILD'S USACK MEMBER # _____

Note: USACK Membership is required *only* if the child is planning to compete at the Lake Placid Regatta. Membership forms are available online at <http://www.usack.org>. Yearly membership dues are \$25 (Junior) and \$115 (Family).

7. Session(s) Child Wishes to Attend: (Check all that apply)

Session 1, 5 PM, Saturday, June 26 to 3 PM Thursday July 1 _____

*Lake Placid Regatta , Friday July 2 to Sunday, July 4 _____

Session 2, 5 PM, Monday, July 5 to 3 PM Saturday, July 10 _____

Session 3, 5 PM, Sunday, July 11 to 3 PM Friday July 16 _____

Canoe Racing Training Session 4, 5 PM Sunday August 1 to 5 PM Thursday August 5 _____

*Lake Sebago Youth Regatta, 9AM to 5 PM Thursday August 5 _____

*Note: the Lake Placid Regatta and the Youth Regatta are not part of the Training Program. We encourage paddlers to attend, but arrangement must be made separately. Call Scott Greifenberger for details.

8. Payment of Fees. Fees are \$300 per session for Children who are not Rockaway Members and \$275 per session for Children who are already Rockaway members or who are joining as part of this application. Children who are joining Rockaway as part of the application process should attach a completed application form (see end of this document) and include the membership dues in the check (only one check is necessary). **Please make check payable to Rockaway Olympic Canoe and Kayak Club.**

Please mail **ALL FIVE PAGES** of Application to: Rockaway Olympic Canoe and Kayak Club, Attn: Scott Greifenberger, 1425 Bellmore Ave, Bellmore, NY 11710.. **Application due date: June 20, 2010.**

Training Program Application, Page 2 of 5, Medical History

(One form per Child, Please)

Training Program Application, Medical History

1. CHILD.S NAME _____

2. CHILD.S ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

3. Medical Conditions (please circle yes or no as appropriate; if yes please explain on a separate page).

A. Has allergies to food, medication and/or insect stings? Yes/No, if yes, explain.

B. Has special needs or diets? Yes/No, if yes, explain.

C. Has had a current or recent illness or injury? Yes/No, if yes, explain.

D. Has a recent or current medical condition? Yes/No, if yes, explain.

E. Uses medication and/or is undergoing treatment? Yes/No, if yes, explain.

F. Has Heart Problems? Yes/No, if yes, explain.

G. Has had a Head or Spinal Injury? Yes/No, if yes, explain.

H. Has Seizures or Fainting? Yes/No, if yes, explain.

J. Has Other health-related issue we should know about (e.g. bed wetting, sleep walking, etc.)?

Yes/No, if yes, explain.

4. CHILD IS SWIMMER : (circle one) YES/NO

5. **Record of Immunization:** Please attach a record of immunization provided by your physician. If your child has not received immunizations, you must provide a written and signed statement stating the reason (due to their religious beliefs, immunosuppression, serologic immunity, medical, etc.)

Training Program Application, Page 3 of 5, Emergency Information

(One form per Child, Please)

Training Program Application, Emergency Information

1. CHILD.S NAME _____

2. CHILD.S ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

3. EMERGENCY TELEPHONE NUMBERS:

Parent /Guardian Name _____

Phone Number(s) _____

Parent /Guardian Name _____

Phone Number(s) _____

Other Name _____

Relationship _____

Phone Number(s) _____

4. Permissions. The Child named in Line 1 has my permission to attend Training Program of the Rockaway Olympic Canoe & Kayak Club at the Atlantic Division Camp of the American Canoe Association at Lake Sebago, NY.

DATED: _____

Parent or Legal Guardian Signature

DATED: _____

Parent or Legal Guardian Signature

Training Program Application, Page 4 of 4, USACK Waiver

(One form per Child, Please)

Waiver and Release of Responsibility – Read Before Signing

IN CONSIDERATION of being permitted to participate in any way in the National Paddling Committee, Inc. dba USA Canoe/Kayak 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 notify the nearest official and discontinue further participation in the Activity.

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 National Paddling Committee, Inc. dba USA Canoe/Kayak, its affiliated clubs, their respective 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.

PRINTED NAME OF PARTICIPANT: _____ SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____ USACK #: _____ CLUB/ORGANIZATION: _____

PHONE: () _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

AND 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 RELEASEE'S 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.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: () _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

DATE: _____

Training Program Application, Page 5 of 5, ACA Waiver
(One form per Child, Please. Both USACK & ACA waivers are *required*)

Waiver and Release of Responsibility – Read Before Signing

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"/>)	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 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 _____
Date _____		Minor Signature _____

(continued on next page)

ACA Waiver (page 2 of 2)

PARENT OR GUARDIAN: I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPOUNTS 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 NEGLIGENCE 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 _____

Olympic Canoe and Kayak Club

Optional 2007 ROCK Membership Application Form

Note: Membership is not required for Training Program, but members receive a discount. Use of Club facilities, boats and other equipment before the start of and after the end of the Training Program is limited to ROCK Members.

1. Type of Membership (check one):

- Junior ROCK Membership, \$75, for people under 18 years of age
- Adult ROCK Membership, \$100, for people over 18 years of age
- Family ROCK Membership, \$200, up to two people over 18 and any number of children under 18 living in the same household

2. List people Applying for Membership (attach separate page if space insufficient)

Last Name	First Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Contact Information. Please provide contact information for the person to whom we should send club information. In the case of Junior members, please give contact information for a parent or guardian.

NAME _____

RELATIONSHIP (Junior member only) _____

ADDRESS

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

4. USACK WAIVER(S). Please fill out, sign and attach one USACK Waiver for each person applying for membership. See Page 4 of Training Program Application.

5. PAYMENT OF FEE. Please include Application Form and USACK Waivers with Training Program Application. Training program fee and Membership fee may be included in a single check payable to **Rockaway Olympic Canoe and Kayak Club.**