

New York Community Kayak Program



at

Riverbank State Park

Information For Volunteers

Fall 2011 / Winter 2012



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ABOUT THE PROGRAM

The NYC Winter Kayak Pool Program will begin at Riverbank State Park on Saturday, October 15, 2011 and runs through the beginning of March 2012. The program provides basic kayak training to the public through the New York State Department of Parks in a state-of-the-art Olympic size pool overlooking the Hudson River. In four weekly classes public students are introduced to the kayak equipment and learn basic strokes and safety. The program relies on instructors / volunteers from the kayak community.

Head Instructors **Lee Reiser** and **Victor Gonzalez** donate their time throughout the season. Lee is an ACA Level II Certified Instructor and Victor holds BCU 2-Coach Certification. They are assisted by individuals with a wide range of experience and certifications from the *American Canoe Association* and the *British Canoe Union*, two of the major organizations for the sport of recreational kayaking.

PUBLIC KAYAK COURSES

Riverbank State Park promotes the program and enrolls students in the kayak classes. There will be a total of eight courses this winter, with each course consisting of four classes held on Saturdays and Sundays from 4 to 6 pm. Enrollment is capped at 10 students per course. The curriculum will cover basic skills using the ACA skill level I guidelines.

The age and experience level of the public students can vary greatly. A group might have a nervous adult, a bold or shy child, beginners and novices alike. We break down into smaller groups so that each student gets instruction tailored to their needs. This requires a lot of volunteers and that's where you can help and learn at the same time!

VOLUNTEERING

All kayakers are invited to volunteer, even beginners. Volunteers help out by setting up equipment, greeting the public students, assisting Instructors and stowing gear at the end of each class.

In exchange for their service, volunteers are given training and pool time from 3 to 4 pm on Saturdays and 2 to 4 pm on Sundays (prior to the public classes). You may

practice your skills and learn new techniques from the Instructors and other Volunteers, such as bracing, rolling, rescues and towing. For those interested in certification, Lee Reiser will provide ACA Skills Level I & II training with an opportunity to receive ACA certification at the completion of training.

Courses	Dates
Course 1	Saturday Oct 15, 22, 29, November 5
Course 2	Sundays Oct 16, 23, 30, November 6
Course 3	Saturdays November 12, 19, December 3, 10
No Classes	Saturday, November 26
No Classes	Sunday, November 27
Course 4	Sundays November 13, 20, December 4, 11
Course 5	Saturdays January 7, 14, 21, 28
Course 6	Sundays January 8, 15, 22, 29
Course 7	Saturdays February 4, 11, 18, March 3
No Classes	Saturday, February 25
Course 8	Sundays Feb 5, 12, 19, March 4
No Classes	Sunday, February 26

There is a nominal fee to cover the cost of insurance. Please see the section titled **INSURANCE FEE** later in this document.



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VOLUNTEER ELIGIBILITY

We are guests of Riverbank State Park and, as such, must adhere to their rules. There are also a few more dictated by our insurance coverage. Please ...

- Know how to swim and be comfortable standing, wading and swimming in four feet of water.
- Sign an ACA waiver for each 4-week Course of classes.
- Read, sign, and agree to adhere to the Program Rules and Code of Conduct.
- Follow instructions and orders from Pool personnel and Lifeguards.
- Follow instructions and comply with reasonable requests made by Program Instructors
- Provide an active ACA membership number. If you are not a member, go to the ACA website and register online, or send in the enclosed form with a check.
- Bring an adult with you to each class if you are under 18 years old.

GETTING TO RIVERBANK STATE PARK

The park overlooks the Hudson River on the west side of Manhattan. Located at 679 Riverside Drive, it spans from the 137th Street to 145th Street. For information call the park at (212) 694-3600 or via the web at <http://nysparks.state.ny.us/parks/93/details.aspx>

The **Aquatic Center** is located on the west side of the football field overlooking the Hudson River. From the traffic circle head toward the skating rink. Enter the main building, where you will immediately walk through and exit on the other side; follow the pathway around the west side of the football field, towards the Hudson River and the Aquatic Center.

Via Mass Transit: Take #1 train to 145th Street and walk west towards the Hudson River - after crossing Riverside Drive you will see the main entrance to the park. Follow the pathway into the park and towards the football field.

Optionally you may take the #1 train to 137th Street and proceed west towards the Hudson river- after crossing Riverside Drive follow the pathway to the large building on the west side of the track / football field.

The M11 bus in Manhattan, and the BX19 bus in the Bronx will take you directly to the park and drop you off in the traffic circle adjacent to the skating rink.

By Car: From 138th Street head west and make a left onto 112 Avenue. Take the first right beneath the West Side Highway (by the restaurant) then swing right again past the first guard booth. Follow the roadway in and around, curve left then make a hard left u-turn into the parking area. Use the elevator or stairs to get to the park on the upper level and proceed to the traffic circle.

From the West Side Highway: Take the 125th Street exit, make the first left past Fairway Supermarket and double back on 12 Avenue. Take a left under the highway overpass (just before the restaurant) then swing right past the first guard booth. Follow the roadway, curve left then make a hard left u-turn into the parking area. Use the elevator or stairs to get to the park on the upper level and proceed to the traffic circle.



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PARKING

The driving directions provided take you to the permit parking area. There are a limited number of spaces for Instructors and Volunteers. If you plan to attend at least four classes we will provide you with a permit. Please show the permit to the attendant and display it on your dashboard when at the park.

Under no circumstances are cars permitted to park outside of this area. Vehicles left at or near the traffic circle may be ticketed and towed at the owner's expense. However, you may drop off and pick up passengers within the traffic circle via the 145th Street entrance to the park.

WHAT WE PROVIDE

We will use 15 kayaks of assorted sizes; most of these are whitewater and play boats, and river kayaks. Space does not permit the use of full size sea kayaks. We also provide adult and child paddles, life vests and spray skirts. A few pumps, paddle floats, tow lines and other rescue gear are available to practice rescues. We prefer that volunteers bring your own paddles in order to ensure that we have enough paddles for the public.

Optional: You may bring your own paddle, life vest and spray skirt provided they are washed in fresh water immediately before entering the pool. Masks that cover the nose are **NOT** permitted.

WHAT TO BRING

Don't forget to bring a padlock so you can lock up your valuables and clothes.

Bring a towel, swimsuit and other approved water gear to wear in the pool, such as a wetsuit, water shorts and rashguard. *Non-approved clothing, such as T-shirts, cutoff jeans, and leotards, etc. is not permitted in the pool.*

Flip-flops or other footwear **that has never been worn on the street** may be worn around the pool area. *Street shoes are not permitted.*

You may want to bring nose plugs, ear plugs and swim goggles for rolling practice.

WHEN YOU ARRIVE

You may enter the Aquatic Center 15 minutes in advance of each day's class - please arrive no earlier than 2:45 pm on Saturdays or 1 :45 pm on Sundays.

Upon enrollment we provide each volunteer with an ID card; please show this card to the Attendant at Aquatics Reception and sign the Instructor / Volunteer attendance sheet. Proceed to the locker room to change and stash your stuff. Enter the pool area to assist in setting up the boats and gear.

INSURANCE FEE

Insurance for this program is being provided by the *American Canoe Association (ACA)*. We are grateful to our sponsor - Gowanus Dredgers Canoe Club - for their very generous contribution towards this expense.

There is a nominal fee required of each volunteer for ACA insurance. Please select the option that best suits your needs and send a check or money order to ACA, payable to "American Canoe Association". You may also do this on the ACA website.



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If you are a current member of the AMERICAN CANOE ASSOCIATION provide us with your membership number and you do not need to worry about sending a check to ACA or registering on their website.

OUR SPONSORS AND SUPPORTERS

Equipment and monetary support is provided by numerous clubs and individuals. We thank our past sponsors and look forward to their ongoing support - we can't do it without them! Please join us in recognizing their effort.

- **Gowanus Dredgers Canoe Club & Owen Foote:** for generously providing insurance last season and sponsoring the program yet again this year;
- **Yonkers Paddling & Rowing Club:** for providing the funds to purchase the storage racks and other needed materials plus their loan of paddles and life vests;
- **Andy Laiosa:** for the use of various small kayaks suitable to our program;
- **Jerry Blackstone, Lee Reiser and Victor Gonzalez:** for the use of kayaks, skirts, pumps, paddle floats and other miscellaneous equipment.

STILL HAVE QUESTIONS?

Please send an email to Olive Josuweit olivejosuweit@optonline.net or
Victor Gonzalez Vic434@hotmail.com
Lee Reiser Lee060@earthlink.net

READY TO VOLUNTEER?

1. Print out and complete the forms: Volunteer Information, Program Rules, ACA Waiver (and optionally, the emergency info form).
2. Join ACA. If you are a member, please provide your ACA member number.
3. Bring your paperwork to your first class.



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Volunteer Information (Complete one form for each Participant)

Name _____ Email _____

Minors (under 18) / Seniors (62 and older): please provide year of birth _____

ACA Membership # (if applicable) _____

Describe your kayak experience _____

Please list your kayak certifications (none required) _____

Kayak Club Affiliations (if applicable) _____

Do you have any special goals or concerns? _____



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Program Rules & Code of Conduct (Complete one form for each Participant)

1. All Instructors and Volunteers must present their Program Identification Card and sign in at Aquatics Center Reception.
2. Volunteers who are not currently members of AMERICAN CANOE ASSOCIATION are required to pay the insurance fee at or before their first class.
3. Everyone must obey the Lifeguards and Pool Staff at all times and treat staff with courtesy and respect.
4. All Instructors and Volunteers agree to adhere to pool rules at all times, including but not limited to: no walking or standing on the bulkhead, no diving, no running, no standing in boats, no paddle fights or rough play.
5. No bags or other paraphernalia are permitted on the pool deck; bring a lock and secure your belongings in the locker room.
6. Only aquatic apparel is permitted in the pool; cutoffs, t-shirts and other non-aquatic wear is not allowed. Bathing caps may be worn but are not required.
7. Street shoes cannot be worn in the pool area at any time. Only footwear that has never been worn on the street is permitted (we recommend flip flops or bare feet).
8. Goggles, nose plugs and ear plugs are allowed; full face masks that cover the nose are not.
9. Canoes, floating donuts, rafts, and etcetera are not permitted in the pool.
10. Swimming is not allowed in the kayak area at any time.
11. Any child younger than 18 years must be accompanied by an adult at all times.
12. Volunteers agree to take direction and follow instructions of the Instructors.
13. Life Vests must be worn at all times in the pool.
14. Kayaks are to be launched from the west end of the pool only.
15. Kayaks must never be left unattended in the water.
16. Instructors and Volunteers agree to stay and teach from 4 - 6 **PM** in return for their training time. Please - no exceptions unless 24 hour prior notification is given.
17. Instructors and Volunteers must be out of the pool and on deck at 4 **PM** to greet public students.
18. Instructors and Volunteers agree to work with the public student(s) assigned to them.
19. Only ACA Skill Level I will be taught to the public students - no exceptions!
20. Additional rules may be enacted by management and Program Directors as they see fit.

Failure to follow these rules may result in expulsion from the program.

Your Name _____ Signature _____ Date _____

Bring this form to your first class

ACA Adult Waiver (Complete one form for each adult)

AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM		
All participants in ACA-insured activities must be ACA members in one of the		
<input type="checkbox"/> I would like a one-year ACA membership. (Check here if renewing with this form.) Individual \$30 Family (2 adults + minors) \$40	<input type="checkbox"/> I would like a one-year ACA Introductory \$15 (Six month full membership benefits, including Paddler	<input type="checkbox"/> I would like an ACA Event Membership for \$5 (one activity membership, no member benefits)
<input type="checkbox"/> I would like a one-year Student membership for \$5 (one activity membership, no member benefits) under 23 with copy of student ID		

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' 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 _____

Bring this form to your first class

ACA Minor Waiver (Complete one form for each child)

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 IACA member. My member number appears below. (Check here if renewing with this form OJ)	(Under 18, or under 23 with copy of student ID) D
I would like an ACA Introductory Membership for \$15 (Six month full membership with benefits, including Paddler Magazine)	(One activity membership, no member benefits) D

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 Zip	Minor Email

Date _____ Minor Signature _____

PARENT OR GUARDIAN: I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPTS 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)
PIG Street Address	PIG Phone
PIG City	PIG Email

Date _____ Parent / Guardian Signature _____

Activity Description _____ Sponsoring Org _____ Activity Date _____

IN CASE OF EMERGENCY

Date Completed: _____

I Name (First and Last):		
I Home Address:		
Local Address:		
I Age:		I Birth Year:
I Primary Language:		I Organ Donor:
I am wearing: (circle those that apply, cross out those that do not apply)		
Contact Lenses	Prescription Eyeglasses	Dentures/Removal Bridge Hearing Aids

Use the spaces below to record the name, telephone number, type of connection (Work, Home, Cell, Pager) and what type of relationship each contact person holds to you.

Contact person	Telephone Number	Type	Relationship
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My Physician is	Telephone Number	Insurance	ID #
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You can use the area below to list any medical information (medications, implants, allergies, etc.) you feel emergency medical personnel needs to know before attempting to provide you aid. List the exact name (be careful to accurately copy spelling!) and dosage of each medication.

Medical Information

List allergies, medication, medical conditions, implants or other relevant information:

BY USING THIS FORM, YOU AGREE THAT YOU HAVE READ, UNDERSTAND AND ACCEPT ALL POLICIES, TERMS, LIMITATIONS AND CONDITIONS OUTLINED ON THE POLICIES & TERMS PAGE OF THE INCASEOFEMERGENCY.COM WEBSITE, INCLUDING THE LIMITATION OF LIABILITY.