### New York Community Kayak Program



at

### Riverbank State Park

Information For Volunteers

Fall 2011 / Winter 2012



#### **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

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 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		

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.

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



#### **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 137<sup>th</sup> Street to 145<sup>th</sup> 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 145<sup>th</sup> 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 137<sup>h</sup> 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 138<sup>th</sup> 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 125<sup>th</sup> 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.



#### **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 the 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 rashgard. *Non-approved clothing, such* as *T-shirts, cutoff jeans, and leotards, etc. is not permitted in the pool.* 

Flip-flops or other footwear <u>that has never been worn on the street</u> 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.



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 <u>olivejosuweit@optonline.net</u> or Victor Gonzalez <u>Vic434@hotmaiLcom</u>

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.



### Volunteer Information (Complete one form for each Participant)

Name	Email
Minors (under 18) / Seniors (62 and older): please provide	de 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 specials goals or concerns?	



### 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. <u>Street shoes cannot be worn in the pool area at any time</u>. Only footwear that has <u>never</u> 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)

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1 AGA M.	All participants in ACA-insured active    ) would like a one-year ACA-	vities must be ACA members in one of the -t-
(Check here if renewing with this form 0) Individual \$30   Family (2 a	dults + minors) \$40	1 Individual 540   Family (2 adulis , minors) \$60
! would like a one-year Student	I would like an ACA Introductory \$15 (Six month full membership	I would like an ACA Event  Membership for \$5 (one activity
under 23 with copy of student ID)  AMERICAN CANOE ASSOCIA	benefits, includmg <i>Paddler</i> ATION <u>ADULT</u> WAIVER a R	membership, no member benefits) ELEASE OF LIABILITY
RE	AD BEFORE SIGNING	
IN CONSIDERATION of being permitted to participate in and related activities ("Activities") I, for myself, my person		
1. ACKNOWLEDGE, agree, and represent that I unders good health, in proper physical condition to participate in and conditions of participation. ! further agree and warran further participation in the Activity. If I decide to leave ear to leave.	such activity and willingly agree t that if at any time I believe cond	e to comply with the stated and customary terms ditions to be unsafe, I will immediately discontinue
2. fULLY UNDERSTAND that: (a) Paddlesports and relat PROPERTY AND SERIOUS BODILY iNjURY, INCLUDIR Risks and dangers may be caused by my own actions condition in which the Activity takes place, or THE NEGRISKS AND SOCIAL AND ECONOMIC LOSSES either AND ASSUME ALL SUCH RISKS AND ALL RESPONDANTICIPATION OF that of the <i>minor</i> in the Activity.	NG PERMANENT DISABILITY, or inactions, the actions or ina GLIGENCE OF THE "RELEASE not known to me or not readily	PARALYSIS, AND DEATH (,"RISKS'-); (b) these actions of others participating in the Activity, the ES" NAMED BELOW; (c) there may be OTHEF foreseeable at this time; and I FULLY ACCEPT
3. HEREBY RELEASE, DISCHARGE, AND COVENANT affiliated clubs and organizational affiliates, their respectrainer educators, administrators, directors, agents, offi advertisers, and, if applicable, owners and lessors the "RELEASEES" herein) FROM ALL IIABILITY, CLAI DAIIAAGES ON MY ACCOUNT CAUSED OR ALLEGE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIC RELEASE AND WAIVER OF LIABILITY, ASSUMPTION claim against any of the Releasees, I WILL INDEMNIFY, expenses, attorney fees, loss, liability, damage, or cost with the strength of th	tive ACA certified instructors, concers, members, volunteers, and of premises on which the AMS, DEMANDS, LOSSES, INJUDIES TO BE CAUSED IN WHOLE GENT RESCUE OPERATIONS; OF RISK, AND INDEMNITY ACT SAVE, AND HOLD HARMLESS	ertified instructor trainers, and certified instructor demployees, other participants, any sponsors ctivity takes place, (each considered one ourseles, DAMAGE TO PROPERTY, OR OTHER OR IN PART BY THE NEGLIGENCE OF THE AND I FURTHER AGREE that if, despite this described in the property of the property o
I HAVE READ THIS AGREEMENT, FULLY UNDERSTRIGHTS BY SIGNING IT AND HAVE SIGNED IT FREEL' INTEND IT TO BE A COMPLETE AND UNCONDITION LAW AND AGREE THAT IF ANY PORTION OF THIS A SHALL CONTINUE IN FULL FORCE AND EFFECT.	Y AND WITHOUT ANY INDUCE AL RELEASE OF ALL LIABILIT	MENT OR ASSURANCE OF ANY NATURE AND Y TO THE GREATEST EXTENT ALLOWED BY
Name (print)	Date of Birth	ACA # (if any)
Street Address ~ ~		
City	State	
Email	~ -	~
LIIIGII	h	Phone

Bring this form to your first class

Adult Signature

Date

Name / Description of Activity or Event

### **ACA Minor Waiver** (Complete one form for each child)

AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM		
All minorparlicipants in ACA-insured activities must be ACA m	embers in one of the following categories (choose one):	' (0
I am currently an IACA member. My member number appears below.  (Check here if renewing with this form OJ	(Under 18, or «nder 23 with copy of student ID)	D
I would like an ACA Introductory Membership for \$15 (Six month full membership with benefits, including Paddler "Aggazine)	ı (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! 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 Ir~VOLVE 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; (e) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and! FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBIUTY 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 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 "RELEASES" 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 INDEIVINIFY, 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 fj lif anyl	
Minor Street Address			Phone	Minor		
Minor City	State	Mmor	Minor — Zi'p	A\inor Emall _		
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PARENT OR GUARDIAN: I, THE MINOR'S PARENT ANDIOR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF PADDLESPORTS 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 I~I SUCH ACTIVITY. ! 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, ATIORNEY 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 State	P/GZip	PIG Email	
Date	Parent f Guar	rdian Signature		
Activity Description		Sponsoring Org ,		_ Activity Date

## IN CASE OF EMERGENCY

	Date Completed:		
Name (First and Last):	1		
I Home Address:	1		
Local Address:			
IAge:	1	I Birth Y	ear:
l Primary Language:	1	I Organ D	Oonor:
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
---

My Physician is	Telephone Number	Insurance	ID#

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.