

# MEMORIAL DAY WEEKEND SLALOM CLINIC & RACE

May 28-29, 2016 – Webatuck Craft Village, Wingdale, NY



Co-sponsored by  
The ACA Atlantic Division Open Canoe Slalom Committee & the Kayak & Canoe Club of New York



## ENTRY FORM

Use one form per paddler, duplicate as required.

Name: \_\_\_\_\_ ACA #: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### ENTRY FEES:

\$15 for Novice/Intermediate \_\_\_\_\_

\$ 5 for Expert (Instructor) \_\_\_\_\_

ACA Membership Fee (see waiver)\* \_\_\_\_\_

(\*waived for ACA members; note ACA# to left)

\$ 5 Late Fee\*\* \_\_\_\_\_

\*\*for entries received after Wed. preceding race)

TOTAL FEES ENCLOSED \_\_\_\_\_

I will be attending (check one):  only Saturday's Clinic & open practice  only Sunday's race  both Saturday & Sunday.

During the two-hour period of formal clinic instruction on Saturday, I will paddle the following boat (1 only): \_\_\_\_\_

I understand that the clinic organizers will need as many open and decked canoes, and kayaks at the slalom site as possible. I will be bringing the following boats: \_\_\_\_\_

**Boats:** \*REC = recreational WW boats of any length; K-1 = solo kayak (3.5 meters & up unless REC\* class); C-1 = solo decked canoe (3.5 meters & up unless REC\* class); C-2 = tandem decked canoe (4.1 meters & up unless REC\* class); OC = Open Canoe ["Short" = 4-meters; "Med." = medium (15'); OC-2 = 15' unless REC\* class].

**Age Groups:** Unspecified (open), Cadet (14 & under\*), Junior (18 & under\*), & Master (41 & over\*) (\*as of Dec. 31 this calendar year)

**Competition Rules:** Open boats – 2007 ACA OC Slalom Racing Rules (10 penalty seconds per gate touched). Decked boats – 2009 USACK Slalom Racing Rules (2 penalty seconds per gate touched). Better of two runs counts for final ranking in both open & decked.

**Race Classes:** Circle below the class(es) you wish to enter; for tandem classes list the name of your partner. *Maximum of two classes (three for experts only, who will be asked to assist with clinic instruction).*

- |                       |                  |       |
|-----------------------|------------------|-------|
| K-1 Men REC*          | OC-2 REC*        | _____ |
| K-1 Women REC*        | OC-2 Men         | _____ |
| K-1 Men Cadet REC*    | OC-2 Women       | _____ |
| K-1 Women Cadet REC*  | OC-2 Mixed       | _____ |
| K-1 Men Junior REC*   | OC-2 Masters     | _____ |
| K-1 Women Junior REC* | OC-2 Youth/Adult | _____ |
| K-1 Men Master REC*   | OC-2 Junior      | _____ |
| K-1 Women Master REC* | C-2 Men          | _____ |
| OC-1 REC*             | C-2 Mixed        | _____ |
| OC-1 Men short        | C-2 Women        | _____ |
| OC-1 Men medium       | C-2 Youth/Adult  | _____ |
| OC-1 Women short      | C-2 Junior       | _____ |
| OC-1 Master short     | C-1 Men          | _____ |
| OC-1 Junior short     | C-1 Women        | _____ |
| K-1 Men               | C-1 Junior       | _____ |
| K-1 Women             | C-1 Master       | _____ |
| K-1 Men Cadet         | C-1 Women Junior | _____ |
| K-1 Women Cadet       | Unlisted class:  | _____ |
| K-1 Men Junior        |                  |       |
| K-1 Women Junior      |                  |       |
| K-1 Men Master        |                  |       |
| K-1 Women Master      |                  |       |

\*REC = Recreational WW boat of any length; non-REC entries must meet above boat length regs.

**Early registration** by mail starts April 15 and ends the Tuesday before the race. **Late registration** (maximum of two classes) is available at the race site from 8-9:30 am on Saturday, and will require an additional \$5 late fee per paddler. Prior to the early registration deadline, send your entry form, signed ACA waiver form (REQUIRED), and your check for all fees payable to "KCCNY" to:

**KCCNY**, Slalom Clinic Registrar, 7 Newbury Place, Huntington, NY 11743-3240 (516-458-5896)



# AMERICAN CANOE ASSOCIATION MEMBERSHIP FORM



All 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 ACA Paddle America Club Membership for: (check & circle one) <input type="checkbox"/> Individual \$30   Family (2 adults + minors) \$40	I would like a one-year ACA Membership for: (check & circle one) <input type="checkbox"/> Individual \$40   Family (2 adults + minors) \$60
I would like a one-year Senior (62+) or 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 membership with benefits, including a <i>Rapid Media</i> magazine) <input type="checkbox"/>	I would like an ACA Event Membership for \$5 (one activity membership, no member benefits) <input type="checkbox"/>
As a new or renewing ACA member, my <i>Rapid Media</i> magazine choice is:		
<i>Canoeroots</i> <input type="checkbox"/>	<i>Rapid</i> <input type="checkbox"/>	<i>Kayak Angler</i> <input type="checkbox"/>
		Print <input type="checkbox"/> Digital <input type="checkbox"/>
		<i>Adventure Kayak</i> <input type="checkbox"/>

## 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 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 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 \_\_\_\_\_

Sponsoring Club / Organization \_\_\_\_\_ Activity Date \_\_\_\_\_



# 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 membership with benefits, including a <i>Rapid Media</i> magazine)	<input type="checkbox"/>	I would like an ACA Event Membership for \$5 (One activity membership, no member benefits)	<input type="checkbox"/>
As a new or renewing ACA member, my <i>Rapid Media</i> magazine choice is:		Print <input type="checkbox"/>	Digital <input type="checkbox"/>
Canoeroots <input type="checkbox"/>		Rapid <input type="checkbox"/>	Kayak Angler <input type="checkbox"/>
			Adventure Kayak <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 \_\_\_\_\_