

Collegiate Sea Kayak Seminar Boothbay, Maine ~ May 9th-11th 2008

~with support from P&H Custom Sea Kayaks, Werner Paddles and NRS~

Sea Kayaks are amazing vehicles for outdoor pursuit/education programs, providing an instructional platform for developing a variety of paddlesport specific skills and general outdoor skills including leadership, weather, navigation, risk assessment/mitigation, situational awareness and wilderness living skills etc. Unfortunately, sea kayaking is often associated with quiet water touring hopefully; this seminar will change this common misrepresentation. The Collegiate Sea Kayak Seminar is designed for College and University Outdoor professionals interested in exploring, developing or enhancing sea kayak programs at their respective institutions. It will also be an opportunity to interact, share ideas and learn new skills with other outdoor professionals in a small, field based environment. Here is a list of possible topics to be explored: beyond flat water (sea kayaking in surf, tidal races and rock gardens), the art of navigation (practical on-water navigation), stroke development workshop/core paddling, incident avoidance/management, group management, developing sea kayaking curriculum, on water coaching and games. At its core this program is about fun on the water and messing around in boats therefore, we'll spend most of our time getting wet.

Requisite Experience:

You must be an outdoor pursuit professional or outdoor educator at college or university to apply. Prior kayaking experience is required (don't be put off if you haven't been on the water in a while, we'll spend time day one brushing off the rust). If you have any questions don't hesitate to call or e-mail.

Equipment:

"State of the Sport" equipment is available and is included in the seminar fee. In addition, everyone will have the opportunity to paddle the totally redesigned P&H fleet of sea kayaks, dip a Werner Paddle and demo immersion protection from NRS. We have been putting these boats through their paces and P&H has done a tremendous job developing some of the most innovate sea kayaks in the industry. You are welcome to bring any and all personal equipment as long as it meets the standard of the coaching staff.

Seminar Fee: \$225.00

This includes instruction, materials and equipment. It does not include lodging, transportation and meals. We have deliberately kept the seminar fee as low as possible to promote the development of sea kayaking programs at colleges and universities. Space is extremely limited, for registration materials contact Todd Wright at twright@smcvt.edu.

Lodging Options:

The mid coast region of Maine is a summer vacation destination with a variety of lodging opportunities a quick Google will provide more options than you can imagine. Generally camping is the most economical and we recommend the [Little Ponderosa Campground](#) in Booth Bay, it's on the water, clean, the staff is top notch and there is always hot coffee.

Coaching Staff:

John Carmody

John is a retired veterinarian and Booth Bay local, who has spent the majority of his life exploring the ocean in boats big and small. John is one of the most accredited kayak coaches in the United States teaching clinics and leading expeditions throughout North America and the British Isles. He possesses an unrivaled experience base and infectious passion for paddlesports. In addition, he has worked with a variety of college outdoor programs and is a member of Saint Michael's College Wilderness Program Professional Staff.

Credentials:

- British Canoe Union Level 4 Coach Sea
- British Canoe Union Assessor 1*
- British Canoe Union Canoe Safety Assessor
- American Canoe Union Open Water Instructor
- American Canoe Union Surf Kayak Instructor
- Certified SOLO Wilderness First Responder
- Registered Maine Sea Kayak Guide

Ben Lawry

Ben has an unrivaled passion for paddlesports and teaching. He has taught paddling on four continents and competed on three. As an industry representative for P&H/Pyranha Kayaks he travels around the country offering truly "one of a kind" kayak clinics and classes. Ben is also a member of the Saint Michael's College Wilderness Program Professional Staff.

Credentials:

- American Canoe Union Open Water Instructor Trainer Educator
- American Canoe Union Surf Kayak Instructor Trainer
- American Canoe Union Whitewater Instructor Trainer
- Certified Wilderness First Responder

Todd A. Johnstone-Wright

Todd has worked in outdoor pursuits for over 16 years and is Director of the Saint Michael's College Wilderness Program which offers training, assessment and expedition programming in sea, surf and whitewater kayaking. He has contributed to the development of leadership, paddlesports and climbing curriculum and standards at a number of universities. Sea kayaking has taken him to various open water, surf and river environments throughout the Eastern United States, Wales and Scotland.

Credentials:

- British Canoe Union Level 3 Coach Sea
- British Canoe Union Canoe Safety Assessor
- American Canoe Association Open Water Instructor
- American Canoe Association Surf Kayak Instructor
- American Canoe Association Whitewater Instructor
- Certified VT-EMT and SOLO W-EMT
- SOLO Wilderness Medical Instructor

**Saint Michael's College
Wilderness Program**

Collegiate Sea Kayak Seminar Registration ~ May 9th-11th

Name: _____ Date of Birth: _____

Address: _____

City: _____ State/Prov: _____ Zip Code: _____

Phone: (Day) _____ (Mobile) _____

E-mail: _____

Skill Level: Novice Intermediate Advanced Intermediate

Novice

A recreational paddler who is comfortable in a sea kayak and can perform the following strokes/skills in protected waters: forward stroke, reverse stroke, sweep stroke, draw stroke, stern rudder, bow rudder, support strokes and basic rescues. (BCU 3 Star) (ACA Level 2)

Intermediate

A paddler who is comfortable with winds up to 15 knots and waves up to 2 feet and is proficient in the following skills: basic navigation, deep water rescues and towing. (BCU 4 Star Aspirant) (ACA Level 3)

Advanced Intermediate

A paddler who is comfortable in winds up to 20 knots, surf up to 3 feet, tidal current up to 3 knots and is proficient in the following skills: navigation, rescues and towing in conditions. (BCU 4 Star) (ACA Level 4)

Please describe your general fitness level:

Can you swim 100 ft. wearing a PFD (flotation device)? Yes / No

Do you prefer being contacted by e-mail? Yes / No

Course Fee: \$225.00 payable to Saint Michael's College Wilderness Program

Note: Course fee does not include lodging or meals.

Credit Card Information:

Visa/Master Card (circle one)

Card Number: _____ - _____ - _____ - _____

Expiration Date ____ / ____ / ____

Signature: _____

*Send to:
Saint Michael's College Wilderness Program
Box 324, One Winooski Park, Colchester, Vermont 05439*

**Saint Michael's College Wilderness Program
Participant Agreement, Release, and Acknowledgment of Risk**

In consideration of the services of Saint Michael's College Wilderness Program, Saint Michael's College, their volunteers, participants and employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SMC WP"), I hereby agree to release and discharge SMC WP, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows: _____ **Initials**

1. I acknowledge that participation in **Mountain and/or Water Sports** to include but not limited to **Rock Climbing, Wilderness Medical Training, Sea Kayaking, Ice Climbing, Kayaking, Bouldering, Hiking, Backpacking, Mountaineering** and other outdoor activities entails known and unanticipated risks which could result in **physical or emotional injury, paralysis, death** or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. _____ **Initials**

The risks include, but are not limited to: injury from falls, to include fractures, head injuries, sprains, back injuries, strains and contusions, injuries from falling objects, travel in remote areas outside the range of traditional emergency services and 911, prolonged exposure to cold and/or cold water, hypothermia, frostbite, accidental drowning, mental anguish or trauma, illness in remote areas outside the range of tradition emergency services and 911, exposure to sun, strong wind, cold, storms, large waves, eddies and whirl pools, lightning, aggressive and/or poisonous wildlife/marine life, and rapidly changing weather and water conditions. _____ **Initials**

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
_____ **Initials**

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SMC WP from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SMC WP equipment or facilities, including such claims which allege negligent acts or omissions of SMC WP. _____ **Initials**

4. Should SMC WP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
_____ **Initials**

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which would interfere with my safety in this activity, or else I am willing to assume-and bear the costs of-all risks that may be created, directly or indirectly, by any such condition.
_____ **Initials**

6. In the event that I file a lawsuit against SMC WP, I agree to do so only in the state of Vermont, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. _____ **Initials**

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SMC WP and Saint Michael's College on the basis of any claim from which I have released them herein. _____ **Initials**

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Name:	Signature:
Date:	D.O.B.

HEALTH INFORMATION

For safety reasons, we need to be aware of any special health concerns you may have. Please attach any additional information to this sheet. This information is confidential.**

1. What is your weight? _____lbs. What is your height? _____ Inches

2. Are you currently under the care of a medical specialist? **Yes/No**
If yes, for what conditions?

3. Are you currently taking any over-the-counter or prescription medications? **Yes/No**
If yes, please list them and describe what they are for.

4. Do you have any sensory or physical limitations? **Yes/No**
If so, list and state how they affect you?

5. Do you have any learning or emotional limitations? **Yes/No**
They are:

6. What are the medicines, physical aids or strategies that your condition requires?

7. Do you have any allergies or dietary restrictions? **Yes/No**
If yes, please describe:

Have you had a tetanus shot in the last 10 years?	Yes/No
Have you received all childhood disease immunizations?	Yes/No
Have you been immunized against Hepatitis B?	Yes/No
Have you been stung by a bee more than once?	Yes/No
When was your last TB test?	Date: _____

Do you have any of the following: **(Please Circle)**

- | | |
|----------------------|--------------------------------|
| Hemophilia | Knee Condition |
| Diabetes | Back Condition |
| Hernia/ruptures | Heart defect/disease |
| Arthritis | Allergy to Bee stings |
| Lung disease, Asthma | Seizures or other CNS disorder |

If you circled any of the above, please describe exact diagnosis and treatment:

EMERGENCY INFORMATION

Health Insurance Company: _____ Policy #: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

****This Information will be released to your trip leader/instructor and the program director.**