

ADAPTIVE KAYAKING CLINICS

SUMMER 2018

MAY 19TH

JUNE 16TH

JULY 14TH

JULY 28TH

Gallup Park Canoe Livery
Ann Arbor, MI

Sessions offered for children and families, as well as for adults with disabilities to try kayaking in a supportive and safe environment.

Adaptive kayaking equipment provided.



REGISTRATION IS REQUIRED AND SPACES ARE LIMITED

Please contact us for registration form and more information at:

PMR-UMAISETR@UMICH.EDU

REGISTRATION INFORMATION

Participant's Name: _____ Date of Birth: _____

Parent/Guardian Name (if under 18 yo): _____

Best Contact ph # : _____ Email Address: _____

Additional Emergency Contact(s)/Relation: _____

Participant or Parent/Guardian address: _____

Mobility/Level of injury/Diagnosis Considerations (to ensure appropriate boating accommodations):

Allergies: _____

Can participant: Breathe Independently (i.e. not require medical devices to sustain breathing)? YES ___ NO ___
 Independently maintain sealed airway passages under water (mouth and lips closed)? YES ___ NO ___
 Independently correct head position in water (with assistance of life vest)? YES ___ NO ___
 Follow instructions and effectively communicate independently or with assistance of a companion? YES ___ NO ___

In the event that I am unavailable, I authorize Michigan Medicine staff to seek medical treatment for me/my child.

YES ___ NO ___ Initial Here: _____

PCP/Pediatrician name and phone number: _____

****We utilize Mobilize for communication (app available for iPhone/Android; also works with text message or email)**

Phone Number (if different than above): _____ Email (if different than above): _____

I authorize UMAISE representatives to contact me via mobilize/email/text message: YES ___ NO ___

Session Preferences (Please indicate 1st, 2nd, 3rd choices for each area below)

preferences not guaranteed

Time:

| | | |
|---------------------|--|---------------------|
| 9:00 AM – 10:00 AM | | 11:00 AM – 12:00 PM |
| 10:00 AM – 11:00 AM | | 12:00 PM – 1:00 PM |

Date:

| | | |
|---------|--|---------|
| 5/19/18 | | 7/14/18 |
| 6/16/18 | | 7/28/18 |

Are you interested in participating in more than one clinic, if spots are available*? YES ___ NO ___

**NOTE: Clinic preference will be given to new participants, and then open to repeat participants.*

A UMAISE Representative will confirm your date and time with you, following registration.

Signature of participant or Parent/Guardian (if under 18 yo)

Date

Please return completed applications to:
PMR-UMAISETR@UMICH.EDU