

# CanoeKids NCCP

VANCOUVER ISLAND REGION  
kleming@bcaafc.com

## Community Coaching

**August 8 & 9, 2015**

9am – 4pm

**Camp Barnard**

**3202 Young Lake Road**

**Sooke, BC**



This course is a Coaching for Community Sport National Coaching Certification Program recognized course & is required for those delivering summer programs at registered canoe clubs. Suitable for those wishing to deliver canoe/kayak programs in the community.

This introductory paddling skills development program focuses on the development of flatwater canoe and kayak paddling skills in a safe, fun and team building atmosphere.

**Registration Deadline July 25<sup>th</sup>**

**Fees covered if registering via ASRPA Partners Council**

**There will be a 'water' session so please dress appropriately**

**To Register Contact:**

**Kim Leming**

VI Coordinator

ASRPA Partners Council

Phone: 250.338.7793 ext. 223

[kleming@bcaafc.com](mailto:kleming@bcaafc.com)

**Tara Munro**

Youth Programs Manager

Pacheedaht First Nation

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**BCAAFC**  
BC ASSOCIATION OF ABORIGINAL  
FRIENDSHIP CENTRES



First Nations Health Authority  
Health through wellness

**Aboriginal Sport, Recreation &  
Physical Activity Partners Council**

# Vancouver Island Region

## Aboriginal Sport Recreation and Physical Activity Partners Council

### 2015 Vancouver Island Region **CanoeKids Waiver & Registration**

#### DEFINITION

In this agreement the term "Activities" shall include all activities in any way related to the various Youth, Coaching and Officials programs offered by the Aboriginal Sport, Recreation and Physical Activity Partners Council (hereinafter called the "*Partners Council*"). These may include, but are not limited to; archery, athletics, badminton, basketball, canoeing/kayaking, curling, gymnastics, golf, lacrosse, rock climbing, skating, soccer, softball, snowshoeing, swimming, cross-country skiing, snowboarding, tennis, volleyball, ice and ball hockey, self-defense, multisport events, and all other activities offered in partnership with the *Partners Council*.

#### WAIVER & RELEASE OF LIABILITY

In the consideration of the *Partners Council* accepting my registration and allowing me to participate in the Activities, I myself, my heirs, executors, administrators and assigns hereby:

- 1. ACKNOWLEDGE** that I am participating in the Activities at my own risk and accept responsibility for any injuries, however caused, and the loss or damage of any of my property during or after my participation in the Activities.
- 2. RELEASE** the British Columbia Association of Aboriginal Friendship Centres (as the agent for and host organization of the *Partners Council*), Event Host Organizations, Provincial and Multi-Sport Organizations, partners, volunteers, parents, servants, agents, employees and other participants of the event (all of whom are hereinafter collectively referred to as the "Releasees"), from any and all claims, actions, or causes of action, costs, demands and expenses arising out of or in consequence of any loss, injury or damage to my person or personal property incurred while attending or participating in the Activities, notwithstanding that any such loss, injury or damage may result from the negligence of one or more of the Releasees. In addition, permission is granted to administer any medical treatment that may be required.
- 3. WAIVE ANY AND ALL CLAIMS** that I, my heirs, executors, administrators, insurers, successors and assigns have or may have in the future against the Releasees.
- 4. GRANT** to the British Columbia Association of Aboriginal Friendship Centres (as the agent for and host organization of the *Partners Council*), the right to use, without payment of any fee, charge or compensation of any kind, including royalties, and all written information, and/or any and all photographs, video tape or other visual media of myself taken during the Camp for non-commercial, promotional purposes, educational programs. I also agree to waive any right to approve such use.

I understand the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules, regulations set by the *Partners Council* and British Columbia Association of Aboriginal Friendship Centres. I have read this release of liability and assumption of risk agreement, and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign freely voluntarily, without an inducement.

#### **PARENT/LEGAL GUARDIAN - For participants under the age of 19 the following must be completed by his/her parent or guardian**

I, as the parent/legal guardian of the participant named, agree to assume the full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations of the Activities. I, as the parent/legal guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Waiver and Release of Liability in its entirety and agree to indemnify the *Partners Council* and British Columbia Association of Aboriginal Friendship Centres and their servants, employees or agents from any claims or demands that may be made against the *Partners Council* or the British Columbia Association of Aboriginal Friendship Centres arising out of the attendance of the participant in any of the Activities. This information is being collected in accordance with and is protected by the privacy provisions of the *Personal Information and Privacy Act* (BC). Any questions about the collection and use of information, please contact the Director of the *Partners Council*, Rick Brant at (250) 710-4604

<b>Participant Name:</b>	<b>Age:</b>	<b>Sex: M / F</b>	<b>DOB: Month / Day / Year</b>
<b>Parent/Guardian Name</b> (for participants under 19):	<b>Phone(s):</b> <b>Email:</b>	<b>BC Care Card and/or Status #:</b>	
<b>Self-Identification: Status / Non-Status / Metis / Inuit</b> Circle one	<b>On Reserve:</b>	<b>Off Reserve: (Urban)</b>	
<b>Parent/Guardian Signature</b> (for participants under 19):	<b>Medical, Allergies, Behavior:</b>		
<b>Emergency Contact:</b>	<b>Emergency Contact #:</b>		

Please send Completed forms to Kim Leming: [Kleming@bcaafc.com](mailto:Kleming@bcaafc.com) or Fax: 250.338.7287



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