

# WASHINGTON PARKS & RECREATION

PO Box 383 Washington Depot, CT 06794 860-868-1519

Litchfield County Paddler

## Stand-up Paddleboard Camp

August 13- August 17 2018

9am-12pm **\*\*Drop off at 8:45am\*\***

Washington Town Beach

Children **ages 8-14** will be taught a week long progressive program on Stand-up Paddle Boarding following the American Canoe Association's SUP Level 1 Curriculum.

In a fun and safe manner we will teach many different stances, paddle strokes, paddle draws, paddle bracing, turns, and more!

We will also be introducing SUP Ball, SUP Yoga, and SUP Racing as well as teaching an introduction to safety on the water, "Know before you go!" including the 4Ws: Wind, Water, Waves, and Weather.

For returning students, there will be a review of SUP Level 1 and then they will move onto SUP Level 2.

**AGES 8 – 14 \*\*MUST** be able to swim and are comfortable on the water\*\*

Cost: \$140 per child

**MUST REGISTER BEFORE August 2<sup>nd</sup> 2018. Late Fee of \$25.00 per child**

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Name of Child/Children: \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS EMAIL \_\_\_\_\_ @ \_\_\_\_\_

**\*\*\*WHO TO REACH IF PARENTS ARE NOT AVAILABLE:**

Phone# \_\_\_\_\_

ANY MEDICAL PROBLEMS \_\_\_\_\_

I hereby agree to let my child participate in this activity. In addition to giving full consent for my child's participation, I do hereby waive, release and hold harmless Litchfield County Paddler, LLC, its officers, sponsors, partners, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. **I will hold harmless the Town of Washington, the Parks & Recreation Commission and any of its agents, directors, employees and supervisors for any responsibility or liability for any injuries or property damage, which may arise from my participation or my child's participation in this program.** I also understand that in the event of an injury, my own personal medical insurance will be used. Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participants for promotional purposes and may use our email for program purposes. NO \_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_