

ACA Skills Course Registration Form - 2009



Only one (1) course can be reported per report form.

Course Information

Course Name	
Course Date(s)	

Venue / Waterway:		<p>Please return this form to:</p> <p>American Canoe Association Attn: SEI Department 1340 Central Park Blvd Suite 210 Fredericksburg, VA 22401 sei@americancanoe.org 888.229.3792 fax</p>	
City / State:			
Program Coordinator:			
Address:			
City / State / Zip:			
Phone:			
E-mail:			
Head Instructor:		ACA #	
Phone:			
E-mail:			

Y	N	<p>I am requesting ACA Insurance for this course. <i>If yes, please complete page 2.</i> <i>All non-ACA member participants require a \$5 Event Membership fee, \$10 ACA Introductory membership or full ACA membership</i></p>
Y	N	<p>Please post this course on the ACA - American Paddler Course Connection webpage</p>

As the ACA Instructor in charge of this event, I hereby agree that the course/workshop will be conducted in accordance with all ACA requirements, risk management, and all other rules, guidelines and conditions established by the ACA. I have read and fully understand all sanctioning requirements established by the ACA. I have personally inspected the event site(s) and I attest to the fact that such site(s) are appropriate for use in this event and free of undue hazards.

Signature		Date:	
Printed Name			

Please note: Required Course Materials (Student Packets) may be purchased thru the ACA Store at www.americancanoe.org.

The ACA is committed to the safety and enjoyment of all paddlers as well as the greater boating community. The ACA makes every effort to provide the most current safety information available. These materials are required for each participant in ACA insured courses. The materials are available for download free of charge. For your convenience, the materials are also available for purchase as part of a **Student Packet** through the ACA eStore.

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Instruction Course Insurance Request Information

ACA Instructors can request insurance to cover courses they teach that contain all of or parts of the information contained in the current ACA Course Outlines. Instructors can only request insurance to teach courses at or below their current certification level.

The ACA will issue a certificate of insurance, evidencing coverage to all Instructors* and their event organizers in good membership standing for their courses.

The ACA's insurance may cover third parties associated with a course (ex: sponsors, land owners, etc.) by naming them as "additional insureds." If a third party requests an "additional insured" listing, the Instructor must fill out the appropriate section of this form and submit it to the ACA along with a fee of \$20 for each requested "additional insured."

Certificate request made less than ten (10) days prior to the date needed will incur an additional rush fee of \$25.

All fields of the Instruction Course Insurance Request Form and the Skills Course Registration Form must be completed. Missing fields invalidate the certificate request form.

Upon completion of the associated course, proper reporting is to be submitted within seven (7) days. Reports submitted late will incur a late reporting fee (\$25 for 30 days / \$75 for 90 days)

*(*All Instructors must hold current ACA certification, ACA and SEIC membership. Qualified Aids are not required to be ACA Instructors. For Instructor status, please contact 540.907.4460 x104)*

Date Certificate of Insurance is needed:	
Estimated # of Participants:	

ADDITIONAL INSURED^s **

** Please list any additional insureds that need to be listed on the Instructor's certificate of insurance. If you have multiple Additional Insureds please attach a separate sheet for each. You will need to include the information below for each additional insured.

Complete Name of Additional Insured	
Contact Person for Additional Insured	
Additional Insured Mailing Address (street, city, state, zip)	
Additional Insured Phone Number & Fax	
Additional Insured E-mail Address	
Please outline the relationship of the additional insured to the activity or Instructor (ex: sponsor, land owner, etc)	
Please specify Additional Insured wording if name on Certificate is different than name above, or attach copy of their written request or instructions. American Specialty must review and approve request.	
As concerns the Additional Insured above, has the Instructor entered into any agreement, contract, or permit that contains Assumption of Liability, Indemnification, or Hold Harmless Language?	Yes / No If "yes", please attach a copy of the document with this request

Payment

Checks (payable to the "ACA"):

Send Checks to:
American Canoe Association
1340 Central Park Blvd., Ste. 210
Fredericksburg, VA 22401

Credit Card: Visa / MasterCard / AmEx / Discover

Sanctioning Fee (\$20)	_____
Rush Fee (\$25)	_____
Additional Insured (\$20 each)	_____
Total Enclosed:	\$ _____
<i>Please do not send cash</i>	

Card #		Exp Date	
Name on card		Signature	