



American Canoe Association Skills Course Report Form - 2008

This form is to be submitted with all fees to the ACA National Office by the head Instructor, IT or ITE within 7 days of the course

Please review and complete this entire form before submitting to the ACA national office

Only ONE (1) Skills Course can be reported on each form

Please return these forms to:
ACA Attn: SEI
1340 Central Park Blvd, Suite 210
Fredericksburg, VA 22401
E-mail: sei@americancanoe.org

Skills Course Information: Discipline & Level

Canoe <i>Specify: Solo / Tandem</i>		QS	Intro	EC RC WWC AWWC		
				ECT FS		
Kayak		QS	Intro	ERK RK WWK AWWK		
				EKT BCK CKSR OW SZ TC RW AS FWSR TS		
				Surf - SOT Surf Kayak	Office Use Only	
Raft		MWR WWR			Date Rec'd	
Safety & Rescue:		ERSR SWR ASWR			Teaching Credit	
Add. Skills Courses:		APW Kayak Rolling Kayak Camping Canoe Camping Canoe Rolling			Insurance processed	

Course Date(s): _____

City: _____

Head Instructor: _____

Contact Person: _____

Address: _____

State: _____

Assisting Instructor: _____

Assisting Instructor: _____

Waterway: _____

State: _____

ACA#: _____ E-mail: _____

Phone: _____

City: _____

Zip: _____ E-mail: _____

ACA#: _____ Update Y / N & Level: _____

ACA#: _____ Update Y / N & Level: _____

Was this course covered by ACA Insurance? Yes No

(if yes, be sure to complete the roster & insurance information below and attach all complete original waivers.)

Skills Course Roster			ACA Member (include ACA Membership #)	Non-ACA Member*
Name	Address	E-mail		
	City / State / Zip	Phone		
Name	Address	E-mail		
	City / State / Zip	Phone		
Name	Address	E-mail		
	City / State / Zip	Phone		
Name	Address	E-mail		
	City / State / Zip	Phone		

Name	Address	E-mail		
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	City / State / Zip	Phone		
Name	Address	E-mail		
	City / State / Zip	Phone		
Name	Address	E-mail		
	City / State / Zip	Phone		
Name	Address	E-mail		
	City / State / Zip	Phone		
Name	Address	E-mail		
	City / State / Zip	Phone		

ACA Insurance Information & Reporting

Total Number of ACA Member Participants: _____

Total Member of Non-ACA Member Participants: _____

Non-ACA Members require a \$5 Event Membership fee only if covered by ACA Insurance

Total Amount Enclosed: _____

Check Attached: Check #: _____

Credit Card (check one): Visa Card #: _____

MC Exp. Date#: _____

Am Ex Name on Card: _____

Disc Signature: _____

As the ACA Instructor in charge of this skills course, I hereby verify that the course has been conducted in accordance with all ACA requirements, risk management, and all other rules, guidelines and conditions established by the ACA.

Signature: _____ Date: _____

ACA Skills Course Abbreviations:

Canoe	
AWWC	Advanced Whitewater Canoe
EC	Essentials of Canoe
ECT	Essentials of Canoe Touring
FS	Freestyle Canoe
Intro	Introduction to Canoe
MWC	Moving Water Canoe (BRC)
QS	Quickstart your Canoe
WWC	Whitewater Canoe

Safety & Rescue	
ASWR	Advanced Swiftwater Rescue
ESWR	Essentials of Swiftwater Rescue
SWR	Swiftwater Rescue

Rafting	
MWR	Moving Water Raft
WWR	Whitewater Raft

Kayak	
ASZ	Advanced Surf Zone
AWWK	Advanced Whitewater Kayak
BRK	Basic River Kayak
CKSR	Coastal Kayak Strokes & Maneuvers Refinement
EKT	Essentials of Kayak Touring
ERK	Essentials of River Kayak
FWSR	Flat Water Kayak Safety & Rescue
Intro	Introduction to Kayak
OW	Open Water Skills
QS	Quickstart your Kayak
RW	Rough Water Maneuvering, Towing & Rescues
SZ	Surf Zone
TC	Tidal Current
TS	Traditional Skills
WWK	Whitewater Kayak

Other	
APW	Adaptive Paddling Workshop