



# Kayaking Skills Courses - Accreditation -

Ontario Recreational Canoeing and Kayaking Association

ORGANISATION'S NAME		MEMBERSHIP NO.
CONTACT'S NAME		CONTACT'S E-MAIL ADDRESS
COURSE NAME (FLATWATER A, COASTAL KAYAKING LEVEL 1, ETC)		COURSE AVAILABLE TO PUBLIC?

COURSE DATE(S)	COURSE LOCATION	INSTRUCTOR'S NAME *	CERTIFICATION

\* Please name the "Head Instructor" who will be instructing for each course.

WHO ELSE WILL BE INSTRUCTING ON THE COURSE? **	HOW MANY HOURS WILL BE DEVOTED TO THE COURSE?
WHAT SECTION(S), IF ANY, ARE YOU OMITTING FROM THE ORCKA KAYAKING PROGRAM COURSE OUTLINE?	
WHY ARE YOU OMITTING THIS MATERIAL?	
WILL THE PARTICIPANTS PERFORM A SWIM TEST?	WHAT WILL BE THE INSTRUCTOR TO PARTICIPANT RATIO?

\*\* Please do not enter the name(s) of unqualified "instructors". If the number of participants on the course and the instructor to participant ratio (stated in the ORCKA policy) require an additional instructor, that instructor must also be ORCKA certified in the appropriate discipline.

OFFICE USE ONLY
Date "Accreditation" received:
Organisational Member current?
Instructors current and qualified?
Notes: