STAFFING

I. BEACH MASTER
- A. Assigns shore help
- B. Beach Traffic Controller
  1. Maintains communication with tow boats - skier concerns/needs; traffic flow
  2. Maintains communication with shore activities
  3. Coordinates skier prep
  4. Maintains skier roster
  5. Maintains skier progress notes
- C. Assesses skier
  1. Grip
  2. Balance
  3. Coordination
  4. Strength
  5. Communication
- D. Determines equipment needs

II CHIEF OF SHORE HELP
- A. Assists Beach Master
- B. Directs staging area
  1. Directs shore help
  2. Directs water starters
- C. Oversees equipment set up
- D. Gives dry land instruction to skier

III SHORE HELP
- A. Assists with skier prep
  1. Life jacket/PFD (personal flotation device)
     a. Type I - designed to turn skier from face down to face up
     b. Type III - minimal requirement for all people in the water
  2. Wet suit - if necessary
  3. Ski
     a. Freedom - for beginner to intermediate skiers
     b. Comp I - for intermediate to advanced skiers
  4. Cage
     a. Width
     b. Height
     c. Sling - lower for beginner, but always at least two fingers width between sling and cage/ski
     d. Quad back
     e. Outriggers
     f. Gloves/quad grips
- B. Assists with dry land instructions
  1. Rope in Block

a. Skier should find good hold on cage, quad grips or other means of stabilization
b. Skier must stay behind boat until rope is pulled from block

2. Rope in hand
   a. Arms straight, handle below knees, eyes up, shoulders back, tip of ski out of water
   b. Arms slightly bent, handle below knees, eyes up, push back against knees, shoulders back, tip of ski out of water, eyes up
3. Transfer skier to water

IV WATER STARTERS

A. Make final inspection of equipment
   1. PFD
   2. Ski and other equipment
B. Instruct or assist skier to mount ski
   1. Side mount - hold ski by the base and push under water while sculling self over ski, sit in cage, put feet in binding last
   2. Rear mount - push back of ski under water, straddle legs over cage and "walk" hands up the ski to cage, put feet in binding last
C. Instruct or assist skier to find static balance
   1. Sculling water (skier mass over center of ski)
   2. Push raising edge of ski under ski
   3. For long waits - float in PFD with arms sculling gently while remaining in cage and binding
D. Instruct skier to exit ski/cage after fall
E. Final instructions
   1. Stay behind boat until rope is out of block
   2. Review signals
      a. Hand
      b. Head
      c. Whistle (blind)
F. Water Start
   1. Assist with rope
   2. Move to back of ski
   3. Hold ski at bottom rear of cage
   4. Push down on ski to bring tip up at 45 degree angle
   5. Level of skier determines when to let go
   6. Dragger - in some cases starters may "drag" a short distance behind the skier to assist with balance after the skier starts
G. Catch skier at conclusion of lesson and assist to shore

V. CHASE BOAT/JUMPERS

A. Stay at 45 degree angle behind skier
B. The more advanced the skier, the further back chaser can stay
C. First to a fallen skier
   1. Chase drops jumper near fallen skier and moves out of the way

2. Skier may be frightened and disoriented
3. When skier takes off, chase picks up jumper and resumes chase

D. Injuries are rare but be aware/cautious
1. Observe skier signal
2. Follow appropriate emergency water safety techniques if necessary

E. May be asked to politely clear other boaters from area

VI BOAT

A. Driver responsibilities
1. Know the rules and regulations of area
2. Have safety equipment required - Horn, fire extinguisher, PFDs
3. Operate watercraft safely - observing speed, obstacles and other boats
4. Be responsible for actions of all persons on board
5. Know the water and area
6. Train observer in boat
7. Communicate by radio with beach master

B. Observer responsibilities
1. Know skier signals and terms - communicate with skier
2. Know the skier's position
3. Know location of down skier and ski
4. Know location of other boats in area
5. Operation of quick release

DISABILITIES

Amputation

The absence or partial removal of a limb or limbs from birth, injury or disease. Terms you may hear: BK - below knee, AK - above knee, Congenital - from birth, Unilateral - one side, Bilateral - both sides, Prosthesis - artificial limb

Blind/Visually Impaired

Of all the legally blind people in the United States, only a small percentage have absolutely no vision. The remainder have some visual acuity varying from the ability to read print, to the ability to merely distinguish light from dark. Blindness can be from birth or a result of injury, disease (diabetes), or aging. It is important to realize that blindness in no way implies the presence of any other physical, intellectual or psychological disability. You should talk the skier through the whole experience and give them a chance to "feel" the equipment.

Cerebral Palsy (CP)

CP is a disorder of movement, posture, and coordination beginning in childhood due to damage to the brain. This brain damage may occur before, during or after birth. CP is not a progressive disease, however changes in function do occur due to growth and normal aging. Terms you may hear: quadriplegia - involving all 4 limbs, diplegia - involving both legs and mild involvement of arms, paraplegia - involving only the legs,

hemiplegia - one side of the body more involved than the other. CP takes many forms and no two people with this disability are alike. Some are so lightly handicapped that they have no obvious disability. Others, who are more seriously affected may appear clumsy or have difficulty with walking and talking. Sometimes damage results in deafness and vision impairments. Many people with CP have above average intelligence although they may appear to be mentally retarded because of speech difficulties or drooling due to facial muscle weakness. However, other people with CP are at a level of intelligence which is below average.

Multiple Sclerosis (MS)

MS is a disease that interferes with the brain and spinal cord's ability to control such functions as seeing, walking, talking, etc. MS is a progressive disease generally involving people between the ages of twenty and forty. MS is not contagious. The cause is unknown and although medical treatment often helps, there is no known cure. No two people have the same set of symptoms and a person with MS may have different symptoms at different times. Symptoms may include one or more of the following: weakness, tingling, balance problems, double vision, slurred speech, spasticity (tense, contracted muscles). Fatigue, emotional stress, and warm temperatures may be linked to a temporary worsening of symptoms. People with MS may tire more quickly than others and should pace themselves.

Muscular Dystrophy (MD)

MD is a group of hereditary diseases causing muscle weakness. The cause is unknown. Sensory and mental skills are usually unaffected. Because this is a muscle wasting disease, exercise will not help to increase strength. The disease is progressive with the inability to walk commonly occurring. People with MD also tend to tire easily because of their muscle weakness.

Spinal Cord Injury

Damage to the spinal cord resulting in an interruption of the signals being sent to the muscles causing complete or incomplete paralysis - inability to move a limb- and numbness. If the spinal cord injury occurs in the neck region, the person will have quadriplegia - all four limbs and trunk involved. If the injury occurs in lower regions, the person will have paraplegia or weakness of the trunk and both legs. People with spinal cord injuries may have trouble controlling their internal body temperature and may get cold quickly, and they may have no feeling below the level of their injury. This puts them at risk for a skin breakdown, because they will not be able to feel if something is pinching them or if there is too much pressure on a bony area. Adjusting the sling in the cage, so that the skier will not bottom out while skiing is very important. They may also have an indwelling catheter inserted into their bladder and attached to a leg bag to control bladder function. Care should be taken to avoid pinching and inhibiting free flow of urine to the bag.

Stroke (CVA)

A stroke or CVA (cerebrovascular accident) is the interruption of the flow of blood to the brain causing damage to the brain tissue. The extent of the disability varies according to

the site and extent of the cell damage in the brain. Many people who have strokes make total recoveries and are able to return to a normal lifestyle. Others may sustain partial or complete paralysis, typically on one side of the body (hemiplegia). Other deficits may include slurred or slowed speech, vision problems, and memory problems.

EQUIPMENT

Tow boat - AWSA approved tournament boat with pylon, swim platform, tracking, acceleration
Pylon quick release - used to release skier from boat when rope is attached to ski
In line quick release - portable release when tow boat is not equipped
Boom - used for beginner stand-up skiers - attaches to pylon and extends over port gunnel rescue pulley on end of boom
Chase boat/Personal water craft (PWC) - carries safety team
Life Jacket - Personal flotation device (PFD)
Rope - 75 foot standard of multi color "take off" tournament rope
Handles-
Standard single handle with knot - used for sit skiers using the starting block and as a regular handle
Deep V handle - used by beginner skiers who are starting with the handle in their hand
Delgar Sling - used by skiers with single arm disabilities to distribute pull to impaired side
Stand up skis
- Junior doubles - tips tied together - for young children
- Medium doubles - for teens and small adults
- Adult doubles - for adults
- 64" single slalom - for teens and small adults
- 68" single slalom - for larger persons

Sit skis
- Freedom - beginner/quad ski with starting block - 6'7" x 15"
- Comp I - intermediate ski - 6'10" x 13"
- Super Comp - advanced ski - 6'10" x 11

Cages - Three heights - short, medium, tall; five widths 13"-17"
Quadback - attached to cage to support skiers with no/poor sitting balance
Quadgrips - attached to front of cage for better grip for impaired skiers
Outriggers - attached between ski and cage to add skiing stability to sit skiers

PERSONAL FLOTATION DEVICES (PFD)

Skiers and volunteers should wear or have available personal flotation devices (PFDs) when in, on or around the water. There are five basic types of PFDs

Type I - Life preserver is designed to turn an unconscious person in the water from a facedown position to a vertical or slightly tipped-back position

Type II - Buoyant vest - designed to turn an unconscious person in the water from a facedown position to a vertical or slightly tipped back position. Buoyant vests offer less buoyancy than Type I PFDs.

Type III - Special purpose device - designed to keep a conscious person in a vertical or slightly tipped-back position. Type II PFDs are more comfortable for active water sports than Types I and II.

Type IV - Buoyant cushion and ring buoy - designed to be thrown to a victim in an emergency, but not designed to be worn. A buoyant cushion can be used as a seat cushion.

WATER SAFETY TEST

Prior to skiing, all skiers will be given a water safety test. Skier must be comfortable in the water, and must be capable of turning self in water from face down to face up, with a Type III vest. If skier can't turn over, safety test can be given with Type I life preserver. Skiers passing water safety test will be given wrist bracelet. If skier can't turn over, he/she can not ski. Discuss options and programs that can assist with water safety (YMCA, therapeutic swim programs, etc.)

HAND SIGNALS/COMMUNICATION

Hand signals -
Faster -Thumbs or palm up is used to indicate that the skier would like to go faster
Slower - Thumbs or palm down is used to indicate that skier would like to go slower
Back to dock - a pat on the head indicates that skier would like to return to starting area
Cut motor/stop - A slashing motion with one hand across the neck indicates the boat is to stop immediately. This should only be used in emergency situations.
"I'm OK after fall" - Both hands clasped over the head. Signal can be modified to be just a wave with one hand
OK - If newly set speed or boat path is good, the skier uses the OK signal - and "O" made with the index finger and thumb. This signal can also be used between skier and observer to indicate that signals given by one of them has been received and understood.

Head movement signals
For the severely disabled, and for those people who are unable to let go of the towline, the following movements have been substituted for the hand signals. Instruct the skier to make the head movements exaggerated so that the normal bumps and jolts of skiing are not misinterpreted as speed change signals. It may be necessary for the observer to continually repeat the above mentioned hand signals to the skier until an agreed upon "affirmative" head signal is indicated by skier.
Faster/affirmative - head nod
Slower/negative - head shake side to side
Turn/return to start - turn head in direction of desired turn.

Whistle signals for the blind
The blind skier will used above hand signals to communicate with the boat, but a series of three whistles or air horn signals must be used to communicate with the skier.
One short blast - Free to ski without hazard
Two short blasts - Return to center of wake. This is used for turns and when skiing past hazard
One long blast - Release the handle and sit down, this is used when the skier comes back to the starting area or in case of an emergency

Terms to know
"out of gear" - question from skier to boat driver whenever close to a running boat or a statement from driver informing skier that boat transmission is disengaged
"slack up" - command to take slack out of rope
"HIT IT" - command to start
"clear" - question from driver if aft of boat is clear of obstacles - skiers, rope, shore, etc.

INSTRUCTIONS TO SKIER

Review all safety and communication issues, including signals. Explain the importance of communicating with the boat observer. Ask participants to demonstrate their knowledge of the signals. Pay particular attention to the proper use of the hand and head signals.

Explain the two static balance techniques. The first technique utilizes both arms sculling on the surface of the water, keeping the skier's weight over the midline of the ski. Using the second technique the skier holds onto the edge to the ski at the base of the cage and pushes the ski under his body's midline.

Explain the progression for using the outrigger ski with rope attached to tow ring. This progression is

1. Mount ski, lean forward, hold onto cage, ankles or legs
2. Communicate with driver, "slack up" and "HIT IT"
3. Remind the skier to relax
4. Once skier is on a plane, have him stay within the wake or boat wash. It is difficult to control the ski outside the boat wake. Explain that with practice, if the rope is out of the block, it is possible to cross the wake.
5. Explain that the ski can be maneuvered by subtle weight shifts in the direction the skier wants to go. Have them try turning their head, then their shoulders, in the direction they want to go. Remind the skier to experiment slowly. Finesse is the way to success.

STARTING AND SKIING

1. Skier and instructor move into water four feet deep. Water must be deep enough for the ski to float at a 45-degree angle.

2. Skier mounts the ski trying both techniques
3. Skier maintains static balance, trying both techniques
4. Skier will communicate with the boat driver when he is ready
5. Boat driver will get the rope handle to skier (if it is not already connected to ski). It is the skiers responsibility to hold onto handle
6. Skier says "slack up"
7. Be sure the ski is at 45 degree angle with the tip out of the water 12"
8. Skier looks through the ski to the horizon or back of the boat
9. Skier leans forward and holds cage or ankles
10. Skier says "HIT IT"

SAFETY

ALL INCIDENTS REQUIRING FIRST AID SHOULD BE COMMUNICATED TO BEACH MASTER - a first aid kit is available

If a skier is injured in the water and is unconscious and face down, roll skier onto their back. It is important to roll the whole body as a unit. Do not move the neck. Check for breathing. If they are not breathing, start emergency resuscitation in the water. Do not remove the skier from the water. Stabilize the skier in the water until trained help arrives (i.e., water safety director or paramedics).

Sun, water glare, motion, noise and stress can cause fatigue, if you feel the effects of fatigue, ask to be replaced. Stay alert and remain focused. Use sunscreen, even when sky is overcast. Drink plenty of fluids.

No alcohol may be consumed during ski clinic hours.

This area has 911 service and has been notified about the clinic.