



REGISTRATION FORM

Season: Summer Learn To Row

Squad: Novice

Session: ___1 ___2 ___3

Athlete Information:

Check # _____ **\$** _____

Full Name: _____

Email: _____ Phone: _____

Address: _____

Parent/Guardian/Custodian Information:

Mother Name: _____

Father Name: _____

Home or Cell: _____

Home or Cell: _____

Email: _____

Email: _____

Certification and Signature:

Please initial by each box to verify your acknowledgement of Club policies and procedures. It is important that you read each item carefully as you will be held responsible for their content.

- We have provided at least one valid email address which we will check daily for news, possible changes to practice and regatta schedules and other information which the coaches deem applicable.
- We certify that we (parents and student athlete) have read and understand the Dublin Crew documents which are available on the Club's website at www.dublincrew.org and agree to abide by them. These documents are: Code of Conduct, Harassment Policy, Web Sit Policy, Travel Policy, Refund Policy, Attendance Policy, Chaperone Guidelines, Driver Guidelines and the High School Rowing Agreement with the City of Columbus.
- We verify that all medical, contact and insurance information is up-to-date and current.
- We verify that the waiver on file with Dublin Crew is valid for the season being registered for with this document.
- We acknowledge that it is our responsibility to check the website on a regular basis for pertinent information regarding Club activities and expectations. The website address is www.dublincrew.org.
- We verify that our student athlete can swim 25 meters or the equivalent of one standard lap in a pool.
- We acknowledge that it is our responsibility to transport our athlete to each regatta and to provide appropriate lodging for the trip. If the Club offers a bus or crew rooms for a regatta, we agree to turn in all forms and money due by the published deadlines. Should we be unable to transport our athlete, we will make arrangements with other Club families.
- We acknowledge that failure to return this form signed by both the Participant and his/her parent or guardian with complete registration fee due renders the Participant ineligible to be a member of Dublin Crew.
- We acknowledge that rowing is a team sport and attendance is mandatory. We verify that we understand that our athlete is allowed one unexcused absence per season. We acknowledge that there are consequences for missing practice and for being late to practice. We understand that just because our school district calls a weather related day, the Club may not.

Signed:

Student Athlete Signature

Parent/Guardian Signature

Date

Date

When completed, please mail to: Dublin Crew, P.O. Box 764, Dublin, OH 43017

MEDICAL AUTHORIZATION FORM TWO SIGNATURES **REQUIRED** ON THIS FORM

Season:

Participant Name Gender

Home Address City Zip Code

Name of School

List Health Concerns

Known Allergies Current Medications

LIST ONLY NAMES OF THOSE WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THE PARTICIPANT:

Mother Name Home or Work Phone Number Cell Number

Father Name Home or Work Phone Number Cell Number

Alternate Person who has authority Best Contact Number

▶ PLEASE CHECK **either** OPTION 1 OR OPTION 2 BELOW regarding EMERGENCY MEDICAL TREATMENT ◀

OPTION 1 In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of treatment deemed necessary by the preferred doctor indicated, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my athlete to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. I hereby consent for the following medical care providers to be called:

Preferred Physician and Phone Preferred Dentist and Phone

OPTION 2 I do not give my consent for emergency medical treatment of the Participant. In the event of illness or injury, take the following action

Parent / Guardian Signature Date

▶ PLEASE CHECK **either** OPTION 1 OR OPTION 2 BELOW regarding INSURANCE VERIFICATION ◀

OPTION 1 Listed below is the insurance company and policy number of the contract we have in force which will pay the medical or surgical expenses that result from any injury, major or minor, that the above named participant may receive as a result of practicing or performing in rowing or all other activities related to rowing with Dublin Crew, Inc. This insurance will also cover the above named participant while traveling to or from practice sessions or scheduled events. We, the parents of the participant, agree to release Dublin Crew, Inc. its officers, coaches, volunteers, and participants or any other part thereof, from any obligations as pertains to financial responsibility in these matters for the rowing season listed above.

Insurance Company Policy Number

OPTION 2 We hereby acknowledge that an accident insurance policy is not in force for our participant that will pay the medical or surgical expenses that result from any injury, major or minor, that the above named participant may receive as a result of practicing or performing in rowing and all other activities related to rowing with the Dublin Crew and/or while traveling to or from practice sessions or scheduled events. Since we do not have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result there from, we, the parents, agree to release the Dublin Crew, its officers, coaches, volunteers, and participants or any other part thereof, from any obligations as pertains to financial responsibility in these matters for the rowing season listed above.

Parent / Guardian Signature Date

Release of Liability

CLUB WAIVER

Season:

IN CONSIDERATION of being given the opportunity to participate in any Dublin Crew, Inc. activity, including scheduled, supervised club activities, squad outings, and registered regattas, during the seasons for which I have completed all appropriate registration documents, I, for myself, my personal representatives, assigns, heirs, and next of kin.

1. ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.

2. FULLY UNDERSTAND that: (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasee named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of Dublin Crew, Inc. and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue Dublin Crew, Inc. the Club, the Regatta, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Participant Name

US Rowing #

Address

City State Zip

Phone Number

Squad

Participant Signature

Date

PARENTAL CONSENT - (if participant is under the age of 18)

AND I, the minor's parent and/or legal guardian, understand the nature of rowing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasee, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Parent Signature

Parent Name

Date