



WINTER CONDITIONING FORMS

Season: Winter 2011-12

Squad: (circle one) Novice / Varsity

Athlete Information Full Name (print neatly): _____

Birthdate: _____ Email (print neatly): _____

Home Phone: _____ Mobile Phone: _____

Address: _____

City, State & Zip _____

Year in h.s.: (circle one) 9th / 10th / 11th / 12th School you attend: _____

Season & year you began rowing: _____

Parent/Guardian/Custodian Information (print neatly)

Mother Name: _____

Father Name: _____

Home or Cell: _____

Home or Cell: _____

Email: _____

Email: _____

Best number to call in case of an emergency: _____

PAYMENT INFORMATION (cash or check only for Winter registration)

I am registering for _____ December (\$25) _____ January (25) _____ both months (\$50).

Payment Method: Check # _____ Cash \$ _____

Signed:

Student Athlete Signature

Parent/Guardian Signature

Date

Date



Code of Conduct

- Portray Dublin Crew in a positive manner at all times.
- Demonstrate and uphold high standards of good sportsmanship at all times.
- Be punctual for practice and crew functions.
- Support others on the team at home and away races.
- Give proper respect to everyone, including coaches, parents, volunteers, teammates, officials and competitors.
- Rowers must always adhere to instruction and discipline from any coach.
- Come to practice prepared to workout in appropriate clothing and running shoes.
- Use equipment as properly instructed.
- Plan your schedule around practice times.
- Do not possess or use narcotics, alcoholic beverages, drugs, controlled substances, tobacco products, dangerous weapons or instruments.
- No fighting, threatening, cheating, horseplay, vandalism, hazing, dishonesty or misrepresentation of the facts, stealing or violation of the rights of others.
- No use of obscene language or gestures.
- Adhere to all rules, regulations and policies of Dublin Crew, Inc. as well as local, state and federal laws.

Participant Rules of Conduct

It is your responsibility to familiarize yourself with these rules and the consequences of violating them. The rules apply to all Participants during practice sessions and any Dublin Crew event, activity or fundraiser. All Dublin Crew athletes are expected to exhibit proper behavior and common courtesy before, during and after crew hours.

Consequences of Misconduct

Consequences may include, but are not limited to: suspension of on-water activities and/or removal from a regatta roster; dismissal of a Participant from Dublin Crew with or without a complete or partial refund of fees paid; and reporting to the proper authorities. Your possession of these rules constitutes a first warning. No further warnings will be given you. Discipline decisions are at the discretion of the Coaching Committee and/or Discipline Committee of Dublin Crew. Disputes may be appealed to the Executive Committee.

Student Athlete Signature

Parent/Guardian Signature

Date

Date

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: Circle one: Home / Work # Cell Number

Father: Circle one: Home / Work # Cell Number

In Case of Emergency Contact: ICE 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

Release of Liability

IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, during the policy term 12/31/10-12/31/11, 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 USRowing 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 USRowing, 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.

US ROWING WAIVER



Season:

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

Organization

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 Name

Date