

**SHENENDEHOWA CREW CLUB
REGISTRATION – Spring 2010**

Registration Fees:

Amount Paid _____ Check # _____

- * Varsity/Novice \$445 (Includes \$50 Regatta Food Fee)
- * Modified \$405 (Includes \$15 Food Fee)
- * * Coxswain \$310 (+\$50 if Varsity or Novice)
- 25% discount for 2nd Varsity/Novice/Modified rower

* See note below for Regatta Food Fee
** Must be full-time Coxswain & Head Coach approved

Make checks payable to FRIENDS OF SHENENDEHOWA CREW, Inc.

Payment Plan:

1st Payment due with registration
2nd Payment due by April 12

Varsity/Novice Rowers: \$445 2nd V/N Rower: \$356.25

1 st payment - \$300	1 st payment - \$250
2 nd payment - \$145	2 nd payment - \$106.25

Modified Rowers: \$405 2nd Modified Rower: \$302.25

1 st payment- \$255	1 st payment \$205
2 nd payment \$150	2 nd payment \$97.25

Varsity/Novice Coxswain: \$360 Modified Coxswain: \$325

1 st payment - \$250	1 st Payment \$225
2 nd payment - \$110	2 nd Payment \$100

1st Payment/ Date _____ 2nd Payment/ Date _____

Registration will be held at the Winter Training Site (Foot Solutions)

- March 10 – 7:00 – 8:00 p.m.
- March 13 – 10:30-11:30 a.m.

**** No late registrations will be accepted**

Start Dates:

- March 29 for Varsity & Novice

Regattas:

A list of scheduled regattas for Varsity & Novice will be posted on our website: www.shencrew.com under both the calendar link & the Regatta directions link.

Mandatory Parent Meeting: - Date to be posted on Shen Crew Website - No rower will be allowed to participate in a regatta unless the mandatory meeting is attended by a parent.

Refund Policy:

New Rowers – first season rowing (spring or fall), full refund if drop during the first two weeks of practice.

Returning Rowers – No refund unless doctor's note specifies the rower can no longer row. If a doctor's note is provided, refund will be prorated:

- During first two weeks of practice – 75% refund.
- After 2 weeks of practice – 50% refund
- After 3 weeks of practice – 25% refund
- After 4 weeks of practice no refund

I agree to pay the full amount even if my child is unable to finish the rowing season, unless a doctor's note specifies the rower is physically unable to compete, in which case the fee will be prorated according to the above formula.

Parent Signature: _____

Name _____

Sex _____ Date of Birth _____

Address _____

Home Phone _____

Mother's Name _____

Father's Name _____

Mother Work # _____ Cell _____

Fathers Work # _____ Cell _____

Emergency Contact _____ # _____

Level V N M (circle one) Seasons Rowed _____

Height _____ Weight _____

Rower Email _____

Parent Email _____

School _____ Grade _____

Will you be riding the practice bus? Y N (circle)

ROWER PICK-UP POLICY

- Each rower and their family should decide on at least two alternative rides home from practice. This can be with parents of rowers they know, with neighbors, or with other rowers.
- If a parent is not going to be able to pick up their rower in time, they should call the BOATHOUSE (399-9784) before 6:00 PM and let the coaches know what arrangements are being made for getting their rower home that night.
- If the parent does not call by 6:00 PM or arrive at the boathouse by 6:15 PM:
 - o The rower will be sent home with another rower or with a coach or advisor.
 - o A note will be left on the BOATHOUSE door, telling the parent with whom the rower was sent home.

Fundraising

All registered participants and parents are expected to participate in fundraising activities.

Since the registration fee pays for coaching, use of equipment, insurance, most regatta fees and additional operating expenses, fundraising is crucial to the club

I agree to participate in the Mandatory Fundraisers:

Parent Signature _____

* **REGATTA FOOD FEE** – Food will be purchased from this fund for the scheduled regattas (not including Select Regattas). If there is money left over, the Regatta Food Committee will throw an end of the year party for the rowers. If they run out of money the rowers may be asked for additional funds.

**August 1, 2009 – September 30, 2010
RELEASE AND WAIVER OF LIABILITY
Friends of Shenendehowa Crew, Inc.**

IN CONSIDERATION of being given the opportunity to participate in any of Friends of Shenendehowa Crew, Inc., ("the Club") or USRowing rowing activity ("Activity")*, I, for myself, my personal representatives, assigns, heirs and next of kin:

1. ACKNOWLEDGE, agree or 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 Releases 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, COST, 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 the Club and that, if I observe any conditions 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, the Club, their administrators, directors, agents, officers, volunteers or employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered on 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 Releasees 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 else on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from any litigation's expenses, attorney fees, loss, liability, damage, or cost which may incur as a result of such claim. I have read this agreement, fully understand its terms, understand that 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.

PRINT Name of Participant:

Phone: _____
Address: _____

Signature (if 18 years of age or older): _____
Date: _____

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 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 Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMELESS 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.

PRINTED Name of Parent or Guardian:

Phone: _____
Address: _____

Signature: _____ Date: _____

**August 1, 2009 – September 30, 2010
CONSENT FOR TREATMENT
Friends of Shenendehowa Crew, Inc.**

Please print.

I, _____ (Parent or Guardian) give permission to Friends of Shenendehowa Crew, Inc., to act on my behalf for my (son, daughter), _____, in the event of an emergency. I hereby grant permission for staff of the Friends of Shenendehowa Crew or the club advisor to take full responsibility and take whatever action is necessary regarding my child's health or safety in the event I cannot be reached or in a situation where time is of the essence. I fully release Friends of Shenendehowa Crew, Inc., and its staff from any liability in connection with these decisions. I grant permission for emergency treatment by a rescue squad, emergency medical technician, private physician and /or hospital or emergency health facility staff, if needed. Any such actions will be taken in the best interests of my child and will be reported to me as soon as possible. Parent or legal guardian signature: _____

Date: _____

Date of birth: _____

Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____

Name of Insured: _____

Employer: _____

Father's contact information: Mother's contact information:

Father's name: _____ Cell # _____

Mother's name: _____ Cell # _____

Address: _____

Please indicate with a check if your child has:

Seizures

History of surgery (specify) _____

Asthma (specify degree of infirmity, triggers) _____

Physical limitations (specify) _____

Severe allergies (specify) _____

Special dietary needs (specify) _____

Other allergies (specify) _____

Other special conditions (specify) _____

Diabetes Date of last Tetanus: _____

Does the child take any medications? Yes No If yes, specify _____

If medications are necessary, written instructions from the rower's physician must be on file. Instructions must include: name of rower for whom medication is prescribed, diagnosis, the name of the medication, dosage, when to administer, and when NOT to administer it, if relevant. Medication must be in the original, labeled container. I hereby grant permission for Friends of Shenendehowa Crew to administer medications to my child as prescribed by his/her physician. My signature gives permission for both emergency treatment/necessary medical action and medication administration.

Parent's signature: _____ Date: _____

**August 1, 2009 – September 30, 2010
PHOTO/VIDEO RELEASE FORM**

I hereby give permission for images of my child, captured during practices, regattas or other special events related to Friends of Shenendehowa Crew, Inc., activities, in video, photo and digital mediums to be used for purposes of promotional materials and publications, including posting on websites maintained by Friends of Shenendehowa Crew, Inc., and I waive any rights of compensation or ownership thereto.

Parent's signature: _____ Date: _____