

Youth Winter Training Registration 2011 – 2012

Recreational and Middle School Program

Athlete's Last Name		First	
Street			
City		State	Zip
School		High School Graduation Year	Gender
Home Phone		Athlete's Cell	Athlete's Email
Height	Weight	Date of Birth	Date of Current Physical Exam
Parent's Name		Email	Cell
Occupation/Title		Company	Work phone
Parent's Name		Email	Cell
Occupation/Title		Company	Work phone
<u>Recreational and Middle School Program</u> Tuesday & Thursday, 3:30-4:45pm		November 7 th to March 1st	<input type="checkbox"/> Beginner <input type="checkbox"/> Experienced \$395
__ Yes, I'd like to help our Matthew Zucker Memorial Youth Scholarship Fund with a donation.		Donation \$ _____	
Total Payment \$ _____			

All athletes must have the following completed before being allowed to participate:

- | | |
|--|---|
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Waiver |
| <input type="checkbox"/> Emergency Card | <input type="checkbox"/> Physician's Form |
| <input type="checkbox"/> Team Policy Statement | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Emergency Medical Authorization | |

Scholarships are available on a needs basis through the Matthew Zucker Memorial Fund. Please call 203-866 0080 for more information.

Parents: please return completed Parent's and Physician's forms, waiver, and emergency card to:

Norwalk River Rowing Association
 One Moody's Lane, Norwalk, CT 06851, Attn: Youth Program

Emergency Card / Sport Medical Authorization / Parent's Form

Athlete's Last Name:	First	
Insurance Company	Group #	
Certificate #	Insurance Type	
Employer of Policy Holder	Policy Holder	Policy Holder ID
Doctor's Name (1st choice)	City	Dr's Phone
Doctor's Name (2nd choice)	City	Dr's Phone
Dentist	City	Dentist Phone
In case of emergency, call first:	City	Phone
Emergency Contact (in case parent can't be reached)	Emergency Contact Telephone #	

To be completed by parent (Health history)

TO BE COMPLETED BY PARENT Please check off accordingly (health history)

Asthma: Inhaler: YES NO Diabetes Rx: Seizures Rx: Cardiac Issues: Fainting/dizzy spells: EPI-Pen YES NO	Family History: (e.g. heart attacks, seizures, death under 50 etc.) Significant allergic reactions: Rx
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Significant injury in the last 12 months (e.g. concussions, fractures etc.):

Other significant medical history:

I verify this information is complete and accurate.

Signature _____ Date: _____

**Please return completed forms to:
 Norwalk River Rowing Association
 1 Moodys Lane, Norwalk, CT 06851
 ATTN: Yout Program Director**

Emergency Medical Authorization

Athlete's Name:

Does your child have any medical conditions that we should be aware of for his/her health and safety?

- No**
 Yes (please explain)

PART 1- YES

In the event that reasonable attempts to contact me (parent/guardian) or the other names listed on the Emergency Card have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by a licensed physician or dentist.

This consent does not cover major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

Yes

Signature of Parent of Guardian

Date

OR

PART 2-NO

I DO NOT give consent for any emergency treatment for my child. In the event of illness or injury requiring emergency treatment, I wish authorities of the Norwalk River rowing Association: (please give instructions)

No

Signature of Parent of Guardian

Date

Sports Medical Authorization-Physician's Form

 Valid for **ONE YEAR** only from date of examination.

To be completed by physician.

HT	WT	BP	Vision
Contacts: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Hearing: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Skin: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Musculoskeletal: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Head: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Spine/Scoliosis: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Eyes: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Neck: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Eyes, Nose, Throat: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Shoulders: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Heart: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Hand/arms: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Lungs: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Hips: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Abdomen: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Knees: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Genitalia: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Ankles: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Neuro: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Feet: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Comments: 			
I certify that _____ is able to participate in interscholastic sports as of _____ (date of exam).			
Physician's Signature: 			
Physician's Name (Please print legibly): 			
Address: 		Phone: 	

Please return completed forms to:
Norwalk River Rowing Association
1 Moodys Lane, Norwalk, CT 06851
ATTN: Yout Program

IN CONSIDERATION of being given the opportunity to participate in any NORWALK RIVER ROWING ASSOCIATION ("NRRRA") activities until the end of this calendar year, 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, drowning, 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 Releasees names 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 the Club 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, NRRRA, 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 on of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or allege 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 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's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

Swimming Statement

____ I certify that _____ is a competent swimmer and has passed basic swimming proficiency tests given by the American Red Cross, YMCA or other organization.

Photo Release

I, _____, hereby grant Norwalk River Rowing Association (NRRRA) permission to use my likeness/my child's likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by NRRRA, in perpetuity, and for other use by NRRRA. I will make no monetary or other claim against NRRRA for the use of the photograph(s)/video.

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 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.

Printed Name of Participant: _____ **Date:** _____

Address: _____ **Phone:** _____

Signature (only if age 18 or over): _____

PARENTAL CONSENT

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 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.

Printed Name of Parent/Guardian: _____ **Date:** _____

Address: _____ **Phone:** _____

Parent/Guardian Signature (only if participant is under the age of 18): _____

