



# Norwalk River Rowing Association

One Moody's Lane • Norwalk, CT 06851 • Phone: 203 866 0080 • FAX: 203 299 1672 • Email: info@norwalkriverrowing.org

## Youth Summer Registration 2011

Athlete_Last Name:		First	
Address			
City		State	Zip
School			Grad_Yr
Home_Phone	Athlete_Cell	Athlete_Email	
Gender	Date_of_Birth	Height	Weight
Parent Name	Email		Cell
Occupation_Title	Company		Work_phone
Parent Name	Email		Cell
Occupation_Title	Company		Work_phone

How did you learn of NRRA?

**Please circle your choice(s) below (all classes are Monday-Thursday).**

**LEARN-TO-ROW: No Experience Required – minimum 4 students for a class**

**FAST TRACK: Pre-Requisites LTR Class or Development Team – minimum 4 for a class**

**CREW CAMP: Pre-Requisite LTR Class or Development Team – minimum 4 for a class**

**RACING TEAM: Pre-Requisite Spring Racing Team or Equivalent (Monday-Friday):**


Yes, I'd like to help our Matthew Zucker Memorial Youth Scholarship Fund with a donation.

<b>Total Payment:</b>	
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All athletes must have the following completed before being allowed to participate:

Registration Form	Emerg. Medical Authorization
Waiver	Physician's Form
Emergency Card	Parents' Form
Team Policy Statement	Payment

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

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

## Emergency Card / Sport Medical Authorization / Parent's Form

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

### To be completed by parent (Health history)

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

<b>Asthma:</b> Inhaler: <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> Diabetes    Rx:  <input type="checkbox"/> Seizures    Rx:  <input type="checkbox"/> Cardiac Issues:  <input type="checkbox"/> Fainting/dizzy spells:  <input type="checkbox"/> EPI-Pen <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Family History:</b> (e.g. heart attacks, seizures, death under 50 etc.)        <b>Significant allergic reactions: Rx</b>
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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
<b>Contacts:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Hearing:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Skin:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Musculoskeletal:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Head:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Spine/Scoliosis:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Eyes:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Neck:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Eyes, Nose, Throat:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Shoulders:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Heart:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Hand/arms:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Lungs:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Hips:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Abdomen:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Knees:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Genitalia:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Ankles:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Neuro:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		<b>Feet:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
<b>Comments:</b>			
I certify that _____ is able to participate in interscholastic sports as of _____ (date of exam).			
<b>Physician's Signature:</b>			
<b>Physician's Name (Please print legibly):</b>			
<b>Address:</b>		<b>Phone:</b>	

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

# **Norwalk River Rowing Association**

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):** \_\_\_\_\_

