



ALBANY ROWING CENTER SUMMER CAMP REGISTRATION PACKET

SECTION 1 ARC JUNIOR Learn to Row PROGRAMS
 (Open to students entering 6th-12th grade.)

TIME: Monday to Friday 9:00 AM to 11:30 AM

Session 1	June 29 – July 10	\$195	\$ _____
Session 2	July 13 – July 24	\$195	\$ _____
Session 3	July 27 – August 7	\$195	\$ _____

(Multiple session discount: \$320 for any two or \$420 for all three)

Total Amount Due \$ _____

There is no discount for more than one family member in a session. No refunds for two week program. Space limited, so register early to reserve your seat.

ARC Only: Check # _____ Check amount: _____

MAIL FORMS TO:
Organization of Adirondack Rowers and Scullers
Junior Registration
Albany Rowing Center C/O Bierman
111 Read Road,
Glenmont, NY 12077

www.AlbanyRowingCenter.org

SECTION 2 – JUNIOR ROWING APPLICATION – Please Print Legibly

Athlete's Name: _____

Street Address: _____ City: _____
Zip: _____

Home Phone: _____ Athletes Cell: _____ Athletes e-mail: _____

Height: _____ Weight: _____ Waist: _____ Chest: _____

Date of Birth: _____ School: _____ HS Graduation: _____

US Rowing Membership Number: _____ * Local Newspaper: _____

**USRowing Membership is only required for USRowing sponsored events like USRowing Youth National and Club National Championships. Junior Member forms are available at www.usrowing.org*

Unisex team t-shirt size (*tees should not be baggy*): S M L XL XXL

I commit to attend practice Monday-Saturday (rower initials – does not apply to modified) _____

I have reviewed the regatta schedule and commit to attend all regattas (rower initials) _____

HOW DID YOU HEAR ABOUT ARC? – PERSON REFERRING: _____

Parents Names

Mom: _____ Dad: _____

Business Address/Occupation:

Mom: _____ Dad: _____

Email address

Mom: _____ Dad: _____

MOM Work# _____ Home # _____ Mobile# _____

DAD Work # _____ Home # _____ Mobile# _____

CONSENTS:

I consent to and authorize the inclusion of rower and parent contact information in the ARC Directory

Initial: _____

I understand that photographs and videos will be taken of my rower during practice, regattas and related ARC events. I authorize and consent to the inclusion of these photos in promotional materials for ARC, NYSSRA, USRRowing or other athletic associations. Initial _____

I have reviewed all sections of this application and the parent/rower handbook and I agree to abide by the rules and requirements of participation in ARC programs.

Parent/Guardian of Rower

Rower

SECTION 3 ALBANY ROWING CENTER MEDICAL INFORMATION AND AUTHORIZATION

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS. If your child needs medical services, under law, you as a parent must give permission. Naturally, if you are with your child, you can give permission. For those times when you are not with your child, we require your authorization. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child. This is a legal document. If your child needs unexpected medical treatment, Albany Rowing Center will present this document to the appropriate medical personnel. When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that attempts to obtain parental consent would result in a delay that would increase the risk to the child's life or health.

Please Print Legibly

A. IDENTIFICATION

Name of Minor Rower: _____ DOB: _____

Date of Last Tetanus Shot: _____ Insurance: _____ Policy #: _____

Rower's Physician: _____ Physician #: _____

B. MEDICAL CONDITIONS OR ALLERGIES

Medical conditions of which the coach should be aware (*Please describe: if none write NONE*)

My child has the following allergies (*if none, write NONE*): _____

If your child has allergies, indicate if your child does ___ or does not ___ have an allergic reaction kit for any of the listed allergies. If your child does, confirm that your child will keep the kit ___ and attach specific instructions for emergency medical personnel as necessary.

C. MEDICATIONS, INCLUDING INHALERS

Dosage (amount and frequency)

Prescription/Over-the-Counter
Name: _____

Prescription/Over-the-Counter
Name: _____

D. EMERGENCY CONTACT

Parent to Contact: _____

Phone Number: 1) _____ (2) _____

Emergency Contact: _____

Phone Number: 1) _____ (2) _____

I, being the parent, custodian or legal guardian of the above named minor, do hereby appoint the Head Coach, Club Coach or parent chaperone as may be designated by the Head Coach as responsible for supervising minor participants, to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor in my absence. Date: _____

Printed Name: _____

Signature: _____

ROWER IS RESPONSIBLE FOR CARRYING ANY MEDICATIONS ROUTINELY REQUIRED. COACHES AND CHAPERONES WILL NOT BE RESPONSIBLE FOR THE ADMINISTRATION OF ANY MEDICATION TO ROWER.

SECTION 4 USROWING WAIVER FORM AND RELEASE OF LIABILITY *Please Print Legibly*

IN CONSIDERATION of being given the opportunity to participate in any USRowing activities ("Activity"), including scheduled, supervised Albany Rowing Center ("Club") activities, and other regattas 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, 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;

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 Albany Rowing Center and that, if I observe any condition which I consider to be acceptably 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 on 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 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, to the fullest extent permitted by law. 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: _____ US Rowing #: _____

Address: _____

Phone: _____ Date: _____

Participant's Signature: _____

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 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, to the fullest extent permitted by law.

Printed Name of Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Parent/Guardian Signature: _____



SECTION 5 ALBANY ROWING CENTER - SWIM TEST FORM

The swim test can be taken at ANY POOL where a lifeguard is present. We do not administer swim tests at the boathouse. Please print out the form and have a lifeguard sign it. You can either mail the form to Albany Rowing Center OR bring it to your first day of class. You may not be boated without the swim test.

Instructions:

1. Write Name of Participant on the Swim Test Form below;
2. Have a certified Lifeguard/Water Safety Instructor observe you and complete form below;
3. Make a copy of your form for your records;
4. Bring this form to the boathouse on the first day of program; or mail a copy with your registration.

Name of Participant/Rower: _____

Name of Lifeguard/Water Safety Instructor: _____

Name of Pool: _____

Phone Number of Pool: _____

Swim Test Certification:

I hereby certify that the participant can **swim 50 yards** in a competent manner and can **remain afloat for at least 5 minutes**.

Signature of Lifeguard/Water Safety Instructor: _____

Date of Test: _____

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Keep a copy of the completed swim test for your records



GENERAL INFORMATION

The Albany Rowing Center Learn to Row programs offer the experience of rowing to interested youth entering grades 6 and above. The Learn to Row Program permits young athletes to learn about the sport of rowing through participation. Students will learn water and boat safety, stroke mechanics on the ergometer and the basic techniques of sweep rowing. While the majority of time is spent on the water, there is also dry land training and education about boats and equipment. *Because so much is taught in the first class, participants should only register if they can attend the first class.*

Learn to row camp is not cancelled for inclement weather, but coaches will watch the weather to ensure rower safety. If you must miss a day of camp, please advise your coach in advance.

Requirements:

- Completed registration packet
- Payment in full for 1st session
- Swim test certification
- Must be entering Middle School - 6th grade or older.

What to Bring

Sunscreen, a refillable water bottle, a change of clothing, sneakers, socks, and snacks are all necessary items to bring.

Schedule

Session 1 June 29th – July 10th

Session 2 July 13th – July 24th

Session 3 July 27th – August 7th

QUESTIONS:

Registration	Laura Bierman	729-4895/lbierman@nycap.rr.com
PARK (Parents of Albany Rowing Kids)	Kathy Johnston	johnkhs@bcsd.neric.org
ARC	info@albanyrowingcenter.org	
Coaching	Please speak with coaches in person	