



## ALBANY ROWING CENTER WINTER TRAINING

**PROGRAM DESCRIPTION:** The 2009 - 2010 winter training program will prepare varsity rowers for spring competition and improve athleticism and rowing potential for novices, non-competitive adults and those returning to rowing after a break in training. Although winter training attendance can be more flexible than participation in the regular rowing season, the more you put into your participation the more you will improve. Winter training will take place from December 14<sup>th</sup> through March 13<sup>th</sup> at our rented space on the first floor of 883 Broadway in Albany at the corner of Broadway and North Ferry Street.

### WINTER TRAINING SCHEDULE:

**Juniors** - Two sessions are offered between 3:30 and 6:30 pm weekdays. Varsity rowers will train 6 days per week; novices and non-varsity will train 3 or 4 days per week. Logistics for session assignments and Saturday rowing will be worked out by Coach Mike MacMinn.

**Adult coached** – Weekday evenings (MWTh) at 6:30 and Saturday mornings time TBD and arranged by Coach Mike Warner.

**Collegiate/adult uncoached** – Weekday mornings between 7:00 and 10:00 am. Mike MacMinn will be the on-site ARC person in charge. This is for self-motivated individuals who can train without a coach, on their own or with each other.

### FEES:

Junior Varsity	\$300
Junior Novice/non-varsity	\$265
Adult coached	\$265
Collegiate/adult uncoached	\$60 per month (equipment use fee)

**FORMS:** Registration form, waiver and parental approval (for juniors) required. Medical form only required if you are a new member, your information has changed or there is a particular allergy or medical condition the coach should be aware of. If so, bring medical information to the first day of practice.

**PAYMENT:** Forms and checks will be collected at the first day of practice. Bring the application with you. Be sure to include your choice of session on the application form.

**INDOOR ROWING COMPETITION:** As information on events becomes available, rowers may be offered the opportunity to participate in indoor erg competitions. The Crash B's are at the end of February and the Hudson River Indoor Sprints are held at Marist in mid-March. Registration fees for these events will be collected separately.

**COMMUNICATION:** Announcements regarding training schedule, cancellations, erg test results etc. will be sent through the ARC Winter Training listserv at <http://groups.google.com/group/arc-winter-training-group>. As soon as registration is complete, you will receive an invitation to join this group if you are not already a member. For junior rowers, at least one parent's email is requested to be included in these communications.

**\*\*\*\*NOTICE\*\*\*\***

**ENROLLMENT REQUIREMENT:** Because ARC must enter into a lease for use of the winter training facility at 883 Broadway, we must have sufficient enrollment to cover the cost of rent, heat and lights in addition to coaching fees. Winter training dues must be received during the first days of practice. If we do not have sufficient enrollment to cover the anticipated costs, ARC will be forced to withdraw from this facility. If, after the start of winter training, the costs for heating the facility are higher than estimated, ARC will either pass this additional cost on to the training participants, or cancel the lease for the next month. If the lease is canceled and the Albany Bath #2 is available, training will move to that venue.

**REFUNDS:** There will be no refunds of winter training dues unless ARC cancels training entirely. In that case, a pro-rated credit will be provided at the discretion of the Board of Directors.

By signing here, you acknowledge that you have read this notice and agree to the terms as described above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**2009 - 2010 Winter Training Application**

Athlete's Name: \_\_\_\_\_ US Rowing # (not required) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I would like to register for:**

Junior Varsity

Junior Novice/non-varsity

Adult coached

Collegiate/adult uncoached

**I am interested in participating in indoor rowing competitions. YES  NO**

\_\_\_\_\_

**ARC business only:**

Application received: \_\_\_\_\_ (date)

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

If a junior, additional parent information: \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Additional Information**  
**For Parents of Junior Rowers**  
**Approval to Participate in Winter Training**

Name of Rower: \_\_\_\_\_

Parent #1: (name) \_\_\_\_\_

(email) \_\_\_\_\_

(cell phone) \_\_\_\_\_

(work phone) \_\_\_\_\_

(name of business) \_\_\_\_\_

Parent #2: (name) \_\_\_\_\_

(email) \_\_\_\_\_

(cell phone) \_\_\_\_\_

(work phone) \_\_\_\_\_

(name of business) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ARC/USRowing Waiver Form - Release of Liability

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 Releasees 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:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**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 (only if participant is under the age of 18):**

**SIGNED:** \_\_\_\_\_

**ALBANY ROWING CENTER MEDICAL INFORMATION AND AUTHORIZATION**

**A. IDENTIFICATION**

Name of Rower: \_\_\_\_\_

DOB: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Rower's Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**B. MEDICAL CONDITIONS OR ALLERGIES**

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

\_\_\_\_\_

\_\_\_\_\_

I/my child has the following allergies *(if none, write NONE)*:

\_\_\_\_\_

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

**C. MEDICATIONS, INCLUDING INHALERS**

<i>Medication</i>	<i>Dosage (amount and frequency)</i>
Prescription/Over-the-Counter Name:	
Prescription/Over-the-Counter Name:	
NOTES:	

**D. EMERGENCY CONTACT**

Parent to Contact: \_\_\_\_\_

Phone Number: 1) \_\_\_\_\_ (2) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: 1) \_\_\_\_\_ (2) \_\_\_\_\_

**FOR MINOR ROWERS 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.

I, being the parent or legal guardian of the above named minor, do hereby appoint the Head Coach or each other 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.

Personal Information

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone(H) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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