

AUGUSTA JUNIOR ROWING PROGRAM REGISTRATION

FALL SEASON - Please check one:

- I am a new rower - I am turning in all new forms - Registration, Waiver, Physical, Authorization to Treat, Medical Questionnaire, Physical, Code of Conduct, and Swim Test.
- I am a returning rower - I am turning in new Registration, Waiver, Physical, and Code of Conduct forms along with *copies* of my Authorization to Treat, and Medical Questionnaire forms because none of my medical information has changed.
- I am a returning rower. I am turning in all new forms because something has medically changed in the past year.

SPRING SEASON - If you are a returning rower for Spring Season, the only form required is the Waiver.

REGISTRATION FORMS must be turned in on the first day of practice. Physical and Swim Test may be turned in later since they take more time to complete. Make copies of all forms for your records. Rowers will not be allowed in a boat or on the water until all forms are turned in.

ATHLETE INFORMATION (Please Print)

Athlete Name (first & last) _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ School _____ Current Grade _____ Age _____

Swimming Level: Non-swimmer Beginner Moderate Advanced Interested in carpooling? Y N

PARENT / GUARDIAN INFORMATION (Please Print)

Mother (first middle last) _____ Occupation _____

Work Phone _____ Cell Phone _____ Email _____

Father (first middle last) _____ Occupation _____

Work Phone _____ Cell Phone _____ Email _____

PREFERRED CONTACT INFORMATION

Our program uses email *extensively* to communicate important team information. **Please CIRCLE your preferred email address above – make sure it is an account that is active and checked often.** If you do not check your email often and prefer to be contacted by phone, please CIRCLE your preferred phone number above.

TO BE COMPLETED BY PARENT / GUARDIAN

The sport of rowing poses significant risks to the participant because most activities occur in, on, or around water. These risks include, but are not limited to, expected and unexpected immersion into cold water as a result of boat flipping, collisions with other boats, being involuntarily removed from a boat as a result of an oar's momentum ("crabbing"), falling off of docks, authorized and unauthorized swimming, changing weather conditions, or other occurrences.

Although all practices and regattas are supervised, from time to time a boat may be temporarily out of a coach's line of sight due an irregular shoreline, race day procedures, or other conditions. Therefore, a coach or launch may take from a few moments to several minutes to reach a boat or rower in need of assistance. Intended or accidental immersion into cold water can occur at any time. Participants must be competent swimmers for their safety. **I certify that my child is a competent swimmer and is able to meet the standards of the Augusta Junior Program Swim Test.**

The following resources: By Laws; Athlete Code of Conduct; Safety, Policies, and Procedures; Traveling, Regatta, and Competition Policies and Rowers Road Rules; Attendance Policy; and Lettering Criteria have been made available for each athlete and family. **I certify that it is my responsibility to read and understand these documents.**

I hereby grant permission for the above named athlete to participate in all rowing activities including but not limited to: regattas, practice and training sessions conducted by and/or participated in by the Augusta Junior Rowing Program or the Augusta Rowing Club from the beginning of the Fall 20__ rowing season until registration for the Fall 20__ rowing season.

Parent or Guardian's Signature: _____ Date: _____

AUGUSTA JUNIOR ROWING PROGRAM SWIM TEST POLICY AND PROCEDURES

Rowers under age 18 are not fully cleared for participation in the sport until they have completed a swim test. Rowers are only required to pass one swim test during their first season. The swim test *may be waived* upon proof of lifeguard certification, past or present membership in a swim league or on an athletic team, or proof of completion of a recognized community swim program/class.

The test will consist of:

1. Tread water for a minimum of 5 minutes.
2. Swim at least 50 meters using any stroke without stopping for assistance.

Option 1 - ON SITE GROUP AND INDIVIDUAL TESTS

This test is conducted at the boathouse in the river and administered by the coaching staff. The test may be given to one person and up to a maximum of 8 people at a time.

Option 2 - OFF SITE GROUP AND INDIVIDUAL TESTING

This test is conducted at a private or public pool and administered by the coaching staff. The test may be given to one person and up to a maximum of 8 people at a time.

Option 3 - OFF SITE INDIVIDUAL TESTING

This test is conducted by a Certified Swim Instructor/Lifeguard at a private or public pool with prior approval by a coach. This may be arranged when group testing has been missed or scheduling conflicts necessitate individual testing. The Instructor/Lifeguard must sign and complete the information below, and the rower must return this form to a coach.

Off-site testing may be completed at **The Family Y**, 3570 Wheeler Road, Augusta. Phone: 706.922.9622 Hours: 5am-10pm Mon-Fri; 7am-6pm Sat; 1-6pm Sun

1. If you are not a member, show this form at the front desk and they will allow you in for the swim test.
2. Proceed to the indoor pool area and give this form to the lifeguard. He/she will then administer the swim test.
3. Completed swim test form should be returned to your coach.

This person has my permission to proceed to the indoor pool for the administration of a swim test for the Augusta Junior Rowing Team.

Collette Wolfgram - The Family Y - Aquatics Director

Augusta Rowing Club Swim Test Form (to be completed by a Certified Instructor/Lifeguard)

Name of Rower: _____ Date of Swim Test: _____

Location: _____

Test: Tread water for 5 minutes AND swim 50 meters using any stroke without stopping or assistance.

Comments: _____

Name of Certified Swim Instructor/Lifeguard (printed) _____

Telephone contact _____ Signature: _____

Chapter and Location where certified: _____ Date certified: _____

**AUGUSTA ROWING CLUB
ROWING RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL
CONSENT AGREEMENT
("AGREEMENT")**

IN CONSIDERATION of being given the opportunity to participate in any (Event/Rowing Club) Augusta Rowing Club (including but not limited to the Augusta Rowing Club, Augusta Junior Rowing Program, Augusta Rowing Club Master's Program, Augusta State University Rowing Program, Augusta Rowing Club Learn to Row Program) and all regattas we row and participate in ("Club") United States Rowing Association sponsored activities ("Activity") 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. I further agree and warrant that if at any time I believe condition to be unsafe, I will immediately discontinue further participation in the 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, the condition in which the Activity takes place, or the negligence of the Releases 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. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, 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 one of the Releases 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.

I have read this agreement, fully understand its terms, understand that I 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.

Printed Name of Participant: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (H) _____ **(W)** _____

Participant's Signature (only if age 18 or over): _____ **Date:** _____

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, and 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 IDEMNIFY, SAVE, 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: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: (H) _____ **(W)** _____

Parent / Guardian Signature (only if participant is under 18): _____ **Date:** _____

I HAVE READ THIS RELEASE

MEDICAL EMERGENCY AUTHORIZATION TO TREAT

Instructions: Please print! It is recommended that a photocopy of the front and back of a health insurance card be attached to this form. This form must be turned in on the first day of practice.

Athlete Name (first middle last) _____

Medical Insurance Company _____

Phone Number _____

Policy Number _____

Allergies _____

Medications taken daily or routinely _____

In case of an emergency, the parent/guardian primary contact should be:

Name _____ Contact number(s) _____

Mother (first middle last) _____

Work Phone _____ Cell Phone _____ Email _____

Father (first middle last) _____

Work Phone _____ Cell Phone _____ Email _____

I hereby give consent for the following local medical care providers and local hospital to be called for emergency treatment:

Physician's Name _____

Phone Number _____

Dentist's Name _____

Phone Number _____

Local Hospital of Choice _____ Contact Number _____

In the event that reasonable attempts to contact a parent / guardian have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by the above named physician or dentist, or in the event that that physician or dentist is not available, by another licensed physician or dentist.
2. The transfer of the athlete to any hospital reasonably accessible.

I understand that this authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent / Guardian _____ Date _____

ATHLETE MEDICAL HISTORY QUESTIONNAIRE

Instructions: This form must be completed by a parent/guardian and turned in on the first day of practice.

Athlete Name (first middle last) _____

- | | YES | NO | |
|-----|-----|-----|---|
| 1. | [] | [] | Are you currently under a doctor's care? If so, who and why? |
| 2. | [] | [] | Do you take any medications daily or routinely? Please list below. |
| 3. | [] | [] | Allergic to any medications (aspirin, penicillin, etc)? Please list below. |
| 4. | [] | [] | Allergic to any food or insect? |
| 5. | [] | [] | Any chronic or recurrent illnesses (diabetes, asthma, ulcer, bronchitis, sickle cell anemia)? |
| 6. | [] | [] | Any hospitalizations? |
| 7. | [] | [] | Any illnesses requiring bed rest of on week or longer? |
| 8. | [] | [] | Any surgery? |
| 9. | [] | [] | Any surgery advised and not taken? |
| 10. | [] | [] | Ever had any symptoms of heart problems? |
| 11. | [] | [] | Chest pains? |
| 12. | [] | [] | High blood pressure? |
| 13. | [] | [] | Close relative under 40 to die of heart disease? |
| 14. | [] | [] | Any dizziness, fainting, convulsions, or frequent headaches? |
| 15. | [] | [] | Ever been "knocked out" or had a concussion? |
| 16. | [] | [] | Wear eyeglasses or contact lenses? |
| 17. | [] | [] | Any serious eye injuries? |
| 18. | [] | [] | Wear any dental appliance(braces, retainer, bridge, plates)? |
| 19. | [] | [] | Ever suffered heat exhaustion or heat stroke? |
| 20. | [] | [] | Ever had mononucleosis? If so, month/year? |
| 21. | [] | [] | Any history or enlarged spleen or liver? |
| 22. | [] | [] | Any organ missing other than tonsils (appendix, eye, kidney, spleen, testicle)? |
| 23. | [] | [] | Any history or collapsed lung or tuberculosis? |
| 24. | [] | [] | Any knee injury? |
| 25. | [] | [] | Any ankle injury? |
| 26. | [] | [] | Any neck injury? |
| 27. | [] | [] | Any other joint sprains or dislocations (shoulder, wrist, finger)? |
| 28. | [] | [] | Any broken bones (fractures)? |
| 29. | [] | [] | Any communicable diseases? |
| 30. | [] | [] | Any known reason why this individual should not participate? |

Describe any "YES" answers in detail below. Enter question number before each comment.

Check here if using the back of sheet.

All statements answered in this record are true to the best of my knowledge. I have no abnormality, limitations, or restriction not mentioned in this record. I understand that this information is used to help determine my fitness to participate in athletics.

Student's Signature _____ Printed Name _____ Date _____

Parent/Guardian Signature _____ Printed Name _____ Date _____

PHYSICAL EXAMINATION

Instructions: A physical exam from a high school or a photocopy of one completed within the last 12 months may be substituted in the place of this form and returned. If you do not have physical available, then have this form completed by a physician. There is a grace period to allow for appointments; however, a physical must be turned in ASAP.

Athlete Name (first middle last) _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____

General Medical Examination

Comments / Recommendations

Normal	Abnormal	
[]	[]	Head
[]	[]	Neck
[]	[]	Heart
[]	[]	Lungs
[]	[]	Skin

Orthopaedic Examination

Normal	Abnormal	
[]	[]	Neck
[]	[]	Back
[]	[]	Upper Ext.
[]	[]	Hips
[]	[]	Knees
[]	[]	Ankles

- | | YES | NO | |
|----|-----|-----|---|
| 1. | [] | [] | This athlete may compete in sports based on the data gathered from this examination. |
| 2. | [] | [] | This athlete has a health condition (seizures, allergies, etc.) that may affect his or her ability to participate in a sports program. |
| 3. | [] | [] | This athlete requires special medication. |
| 4. | [] | [] | This athlete may participate with specific restrictions or adaptations. |

Additional Comments:

PHYSICIAN'S SIGNATURE _____ Date _____

Office Name / Business Phone Number _____

Athlete Code of Conduct

The Augusta Junior Rowing Team operates on the philosophy that all rowers and coxswains have the right to learn the sport of rowing. To do so, each athlete needs a climate that is satisfying and productive and is not filled with disruptive behavior by other athletes. This document presents guidelines for maintaining such an atmosphere during practices, regattas, and other team sponsored events.

- Behavior:** All rowers must demonstrate good sportsmanship at all times. Respect for other participants, coaches, officials, chaperones and spectators is essential for fair competition and is expected at all times. An athlete with a negative impact on the team will not be allowed to continue attending team functions. This includes, but is not limited to: fighting/physical harassment, use of racial slurs, sexual harassment, promiscuous behavior, indecent gestures, disruptive conduct, profanity, and disobedience to authority – including coaches, race officials, regatta staff, and chaperones. This includes any team sponsored activity at the Boathouse, on buses, in hotels, at restaurants, and at the regatta site.
- Attendance:** Rowers agree to attend and take part in all scheduled practices, regattas, and activities and observe all rules of water and boat safety at all times. If they cannot attend a practice or activity, it is their responsibility to advise their coach.
- Driving:** Rowers who drive a car to practice are required to drive safely at the practice site. No rower is allowed to drive themselves to any away regatta. Prior to leaving regatta site using alternate transportation, rowers must provide coach and chaperone with written permission, signed by parent.
- Controlled Substances:** Possession or use of controlled substances (*drugs, chemicals, steroids, alcohol, tobacco, or weapons*) is strictly prohibited. Use of substances banned by governing bodies for competition is prohibited. Medication prescribed by a physician must be in the dispensed container with proper label and dose information. A letter from the parent must accompany all prescribed medicines. Any violations will result in contacting the parents and possible disciplinary action. All bags are subject to inspection.
- Respect:** Rowers will be respectful of others' possessions and understand that they are financially responsible for any damage that they may cause. Theft of private property reflects negatively on the team and will not be tolerated. Destruction or vandalism of the Boathouse property as well as unauthorized access in unauthorized areas will not be tolerated. Individuals (and parents) will be held responsible for any damage to any equipment, rooms, buses, etc.
- Supervision:** Rowers are not allowed in the Boathouse or on the docks without adult supervision. Rowers arriving early should wait outside until a designated coach or parent is on site.
- Travel:** During travel with crew, rowers will stay with the group at all times and understand that they must follow the instructions of their Chaperone. Any movies displayed on the bus will be PG or G rated. No mixing of boys and girls in any hotel rooms at any time unless the

coaches are present for a meeting. Rowers are not to leave their designated room after curfew.

- Uniform:** Uniform for bus travel is ~~burgundy~~ team shirt with embroidered logo on front with kaki pants. Uniform for regattas is team uni with dark navy or maroon under shirt if needed. Failure to wear official uniform to regattas will result in suspension from that event. If a rower's uni has not been provided, then a substitute uni or other appropriate "uniform" may be used as approved by coach. Only team members may wear team shirt – not parents or siblings.
- Modesty:** Rowers are required to wear shirt or a cover (no bare chest or sport bras) when on Boathouse property or at regattas unless actively working out or given permission from coach.
- High School Code of Conduct:** If a rower's high school has an Athletic Code of Conduct, it is in effect for that rower during time spent with AJRC. Observance of this code is mandatory.

ENFORCEMENT: Failure to abide by the rules expressly written here, or given verbally by a Coach or Chaperone, may result in one or all of the following: removal from the line-up, immediate suspension from events or dismissal from the Augusta Junior Rowing Team. In each case, the Coach will consult all parties involved, notify parents and President and take the following course of action:

- Warning** – for minor violations. Coach will give warning to rower. If repeated warnings are necessary, parents will receive phone call from coach to discuss violations and possible solutions.
- Removal from line-up** – for more serious violations or repeated warnings.
- Immediate suspension from events** – for very serious violations. Meeting will be held with parents and two Board Members to discuss violations, length of suspension, and possible solutions. Parents may be required to retrieve a suspended or dismissed rower from a trip at their own expense.
- Dismissal from team** – for most serious violations or repeated violations after attempting to solve issues with steps 1-3. Prior to dismissal, Coach will meet with Junior Board to make recommendations and discuss possible outcomes. Board will vote on dismissal and majority vote will rule.

I acknowledge receipt of the Augusta Junior Rowing Team Athlete Code of Conduct and agree to abide by the terms and conditions thereof.

_____	_____
Rower's Name (Printed)	Rower's Signature
_____	_____
Parent's Name (Printed)	Parent's Signature

Date	