



P.O. Box 530 | Verplanck, NY 10596-0530

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www.cortlandrowing.com

Cortlandt Rowing

Member:

US Rowing Hudson Valley Rowing League

## CCRA Spring 2017 Little Vikings Rowing Registration

### SECTION 1: PERSONAL DETAILS

ATHLETE NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ SCHOOL ATTENDED: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT CELL: \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT TELEPHONE NUMBER: \_\_\_\_\_

PREFERRED CONTACT METHOD (FOR PRACTICE INFO, CANCELLATIONS, ETC), CHECK ALL THAT APPLY:

TEXT MESSAGE TO PARENT CELL  TEXT MESSAGE TO ATHLETE CELL  EMAIL TO PARENT  EMAIL TO STUDENT

### SECTION 2: DECLARATION (PLEASE ✓ OR X IN THE BOX AS REQUIRED)

- I understand that there is an element of risk involved with the playing of all sports.
- I have received a safety briefing by the Coach fundamental safety aspects of the Cortlandt Community Rowing Association
- I agree to abide by clubs guidelines at all times. Where qualified coaches are in place, I agree to follow the coaches instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.
- I understand and agree that I will be asked to leave the club session immediately if deemed to be deliberately not following the Codes of Conduct or ignore instructions from the Club Coach. Boat line-ups are set based on the athletes ability & attendance.
- I agree to this form being kept indefinitely by the Cortlandt Community Rowing Association, on the understanding that the disclosed information will be kept confidential, and shared only between the Club Committee and Coaches. Other than the club or where required in consultation with the Sports Federation, the information on this form will not be supplied to any other third party.

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## SECTION 3: MEDICAL INFORMATION TO BE FILLED OUT BY PARENT (PLEASE ✓ OR X IN THE BOX AS REQUIRED)

ATHLETE NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_

ATHLETE'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ATHLETE'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

- My child has no medical condition(s) which will prevent me from taking part fully in my sport.  
 My child has a medical condition which may limit/prevent full and safe participation in my sport.  
Please explain: \_\_\_\_\_

My child has food or environmental allergies, including allergies to bee sting. Please explain: \_\_\_\_\_

My child carries an EpiPen®.     My child wears glasses or contacts (circle which).

My child agrees to bring medication (where required) to all club sessions.

I will inform my club coach if the medical circumstances about my child change in the course of the year.

Before each club session I will inform the coach(es) of any medication, allergies, injuries or other medical conditions which may affect my child's ability to participate fully in the sport on that day.

Please tell us any additional info to help us best teach your child the sport of rowing \_\_\_\_\_

Name: \_\_\_\_\_ (Signed by Legal Guardian if under 18 years of age)

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

## SECTION 4: INSURANCE INFORMATION ON ATHLETES

Rowers Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Relationship to Rower: \_\_\_\_\_

Employer of Policy Holder: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group: \_\_\_\_\_ Type: \_\_\_\_\_

Parents Signature \_\_\_\_\_

## SECTION 5: PHOTO RELEASE FORM

Permission to Use Photograph Subject (Name): \_\_\_\_\_ taken at all CCRA rowing practices, regattas and all events pertaining to the sport of rowing. I grant to CCRA its representatives and staff the right to take photographs of me and my property in connection with the above-identified subject. I authorize CCRA, its assigns and transferees to copyright, use and publish the same in print and/or electronically, including social media. I agree that CCRA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_ (if under age 18)

## SECTION 6: PAYMENT METHOD - Program fees are \$125.00 for session running March 25, 2017 – June 10, 2017

- Check made out to "CCRA"       Online on CCRA website using Paypal (click on "Spring 2017 Little Vikings")

[for office use only] payment received by (name): \_\_\_\_\_ Date: \_\_\_\_\_

*This form should be filled out and kept on file. A completed copy should be brought to all races which involve traveling.*



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## 2017 Swimming Certificate

ATHLETE NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT CELL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

EMERGENCY CONTACT TELEPHONE NUMBER: \_\_\_\_\_

LOCATION OF TEST: \_\_\_\_\_

The above rower has demonstrated his/her ability to safely complete the following tasks:

- Ability to swim 50 meters competently \_\_\_\_\_ *initial*
- Ability to tread water for 10 minutes in deep water \_\_\_\_\_ *initial*
- Ability to put on a personal flotation device (PFD) in deep water at the end of the 10 minutes \_\_\_\_\_ *initial*

\_\_\_\_\_  
*Signed by Water Safety Instructor or CCRA representative*      *Date*

\_\_\_\_\_  
*Print Name*

If the above named rower is age 18 or over, he or she can self certify that they are competent to satisfactorily perform the above in-the-water tasks by initialing each task and by signing below.

- Ability to swim 50 meters competently \_\_\_\_\_ *initial*
- Ability to tread water for 10 minutes in deep water \_\_\_\_\_ *initial*
- Ability to put on a personal flotation device (PFD) in deep water at the end of the 10 minutes \_\_\_\_\_ *initial*

\_\_\_\_\_  
*Signature*      *Date*

\_\_\_\_\_  
*Print Name*