



P.O. Box 530 | Verplanck, NY 10596-0530
cortlandrowing@gmail.com
www.cortlandrowing.com
f Cortlandt Rowing

Member:
US Rowing 
Hudson Valley Rowing League

CCRA Spring 2017 Masters Recreational Rowing Registration

SECTION 1: PERSONAL DETAILS

ATHLETE NAME: _____ D.O.B: _____ AGE: _____

E-MAIL ADDRESS: _____ CELL NUMBER: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT TELEPHONE NUMBER: _____

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

TEXT MESSAGE EMAIL

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.

CCRA Spring 2017 Masters Recreational Rowing Registration

SECTION 3: MEDICAL INFORMATION (PLEASE ✓ OR X IN THE BOX AS REQUIRED)

ATHLETE NAME: _____ D.O.B: _____ AGE: _____

- I have 'No' medical condition which will prevent me from taking part fully in my sport.
- I have a medical condition which may limit/prevent full and safe participation in my sport.
Please explain: _____

- I have food or environmental allergies, including allergies to bee sting. Please explain: _____
- I agree to bring medication (where required) to all club sessions. I carry an EpiPen®.
- I will inform my club coach if the circumstances change in the course of the year.
- Before each club session I will inform Club Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions which may affect my ability to participate fully in the sport on that day.

Name: _____

Signature: _____ Date: _____

SECTION 4: INSURANCE INFORMATION ON ATHLETES

Rowers Name: _____

Policy Holder: _____ Relationship to Rower: _____

Employer of Policy Holder: _____

Insurance Company: _____

Group: _____ Type: _____

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 _____

SECTION 6: PAYMENT METHOD - Program fees are \$175.00 for session running March 6, 2017 – June 10, 2017

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

[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.



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

cortlandrowing@gmail.com

www.cortlandrowing.com

Cortlandt Rowing

Member:

US Rowing Hudson Valley Rowing League

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