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f Cortlandt Rowing

Member:
US Rowing 
Hudson Valley Rowing League

CCRA Winter 2018 Masters Rowing Program Registration

SECTION 1: PERSONAL DETAILS

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

E-MAIL ADDRESS: _____ CELL NUMBER: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____ SCHOOL ATTENDED: _____

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.

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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: _____

Parents Signature _____

SECTION 5: PHOTO RELEASE FORM

Permission to Use Photograph Subject (Name): _____ at all CCRA rowing practices, regattas and all 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 December 19, 2017 – March 4, 2018

- Check made out to "CCRA" Credit Card on CCRA website ("Pay Now") Paypal on CCRA website ("Pay Now")

[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.