



**Island Rowing Association  
Junior Rowing Packet 2010**

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## Junior Rowing Information 2010

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Athlete Cell: \_\_\_\_\_

Athlete email: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

T-Shirt size (adult sizes) circle one:      S      M      L      XL      (tees should not be baggy)

How did you hear about Island Rowing Association? \_\_\_\_\_

Parents Names: Mom \_\_\_\_\_ Dad: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom cell: \_\_\_\_\_ Dad cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

### CONSENTS:

I understand that photographs and/or videos may be taken of my rower during practice, regattas and related IRA events. I authorize and consent to the inclusion of these photos in promotional materials and website pages and photo albums for Island Rowing Association. Initial \_\_\_\_\_

I have reviewed all sections of this application and I agree to abide by the rules and requirements of Participation in IRA programs.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Parent

# Release of Liability



IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, during the policy term 12/31/09 – 12/31/10, I, for myself, my personal representatives, assigns, heirs, and next of kin.

1. I 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. I 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 Release 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; 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. I AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of USRowing and that, if I observe any condition which I consider to be unacceptably 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. I 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 one 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 Release 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 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 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:

\_\_\_\_\_

USRowing # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Participant's Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

## 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 negligence of the Releasees or otherwise, including negligent rescue 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 Releasee, 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:

\_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Parent/Guardian Signature (only if participant is under the age of 18): \_\_\_\_\_

\_\_\_\_\_

This is THE USRowing Release of Liability, which should be copied for your use.

## Island Rowing Association Medical Information and Authorization

AUTHORIZATION FOR MEDICAL TRATMENT 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 that 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, Island Rowing Association 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. *Please Print Legibly*

### A. IDENTIFICATION

Name of Minor Rower: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Insurance provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

### B. MEDICAL CONDITIONS OR ALLERGIES

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

\_\_\_\_\_

My child has the following allergies *(If none, write NONE):*

\_\_\_\_\_

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

### C. EMERGENCY CONTACT

Parent to contact: \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ISLAND ROWING ASSOCIATION ROWER CODE OF CONDUCT

1. All athletes are expected to arrive at practice 15 minutes early and be prepared to row or train on land.  
Arrival at the scheduled start of practice is late. Upon arrival, athletes should check in with the Head Coach.
2. Athletes should be attentive to coaches before and after practice to hear seating assignments and plans.
3. Athletes should have and display positive attitudes and a willingness to work with and encourage others at all times. Abusive or derogatory language toward another athlete, coach, parent, another crew or the power boater who just waked you will not be tolerated.
4. Rowers are required to follow the instructions of any coach or coxswain immediately.
5. Talking in a boat is not just disruptive, it is unsafe. The coxswain is the only person who should be talking unless a rower is asked a direct question by a coach or coxswain.
6. Athletes shall attend the entire practice or regatta unless they have advance consent of the coach.
7. All athletes are representatives of Island Rowing Association, Whidbey Island, and the sport of rowing and should behave appropriately at all times.
8. During regattas athletes are expected to show pride in their crew by wearing team t-shirts or uniform.
9. Congratulate competitors on a job well done after every race. "Good Race" goes a long way towards creating good will. All comments about a race shall be held in check until the crew gets off the water and can sit down with a coach to discuss the race.

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