

**Burnt Hills Rowing Association - PO Box 248
Burnt Hills NY 12027**

Section 1

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Effective 1/1/2009-12/31/2009

ROWER INFORMATION

Print neatly please-fill out all fields

Name _____ M / F Phone _____

Mail Address _____ Zip _____ Grad Year: 20 _____

Rower Cell _____ Rower Email _____

Birth Date _____ Has passed a swim test or has confident swimming abilities Y / N

PARENT/GUARDIAN INFORMATION

Print neatly please-fill out all fields

Name: _____ Name: _____

Address: _____ Address(if different) _____

Phone(H): _____ Phone(H-if different): _____

Phone(Work): _____ Phone(Work): _____

Phone(Cell): _____ Phone(Cell): _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

ATTENTION: This 4 page packet of registration materials only needs to be filed once a year, and is good for the entire calendar year. If any of this information changes at any time, it is the responsibility of the parent/guardian to submit updated forms. Registration packets can be requested in person, or accessed via the web, at www.burnthillsrowing.com. There are 4 sections in this document, and all forms **MUST** be filled out and signed prior to participation. Incomplete registration packets will not be accepted, and athletes will not be allowed to participate in any capacity until they are completed.

Please note, there may be additional registration materials needed for the current season. Please visit www.burnthillsrowing.com, and click on the forms link for more information. Please contact us with any registration questions.

All forms and payment must be brought in person to a scheduled registration

Section 2**AUTHORIZATION for medical treatment of minors**

If your child needs medical, dental, health or hospital services, under law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. 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. After you complete this form, give a copy to each adult you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person -- physician, dentist, or hospital representative.

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 an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

PLEASE COMPLETE ALL SECTIONS**A. IDENTIFICATION**

Name of Minor _____

Date of Birth _____

B. ALLERGIES**My child has the following allergies:** _____

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, attach specific instructions to this form.

C. MEDICATIONS, INCLUDING INHALERS**Medication****Medication Dosage (amount and frequency)**

<input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-Counter Name: _____	_____
<input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-Counter Name: _____	_____
<input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-Counter Name: _____	_____

D. HEALTH CONDITIONS

Describe any health conditions or other health information that would help us treat your child in your absence:

Name of Ins. Plan _____ Policy # _____

Physician's Name _____ Address _____

Physician's Phone# _____

I, being the parent, custodian or legal guardian of the above named minor, do hereby appoint the Club President, Head Coach or designated parent chaperone, 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 _____

Phone (Home) _____ (Work) _____ (Cell) _____

Street Address _____ City _____ State _____ Zip _____

Emergency contact name if parents are unavailable: _____ Phone# _____

It is the responsibility of the parent/guardian to submit an updated form if the health status or any of the above information changes at any time.

Form valid for a period of one year from date signed

Section 3

IN CONSIDERATION of being given the opportunity to participate in any USRowing activity with Burnt Hills Rowing Association Inc.(the "Club"), as a rower, coach, or volunteer, in activities including scheduled, supervised club activities, and registered regattas but not limited to, all races and regattas, whether sponsored or attended by the Club or Club members, Club practices, workouts and other race preparations, and maintenance or construction of Club facilities or equipment (each, an "Activity"), during the policy term 12/31/08-12/31/09, 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 the water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such 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 takes place, or the negligence or the Releasees 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 SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activities.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of US Rowing or the Club or volunteer for the Club and that, if I observe any condition that 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. HEREBY RELEASE, waive, 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 Releasees or otherwise, including negligent rescue operations that may arise or may have arisen since the time of my first contacts with the Club and through all my future participation with the Club; and further I 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, attorneys' fees, loss, liability, damage, or cost that any may incur as a result of any 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: _____

US Rowing #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Participant's Signature: _____

Organization: **Burnt Hills Rowing Association, Inc.**

Parental Consent (if the above participant is under age 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 IDEMINIFY 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 Releasees, I WILL IDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorneys' 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's Signature:
(only if participant is under the age of 18)

XX _____

Section 4

TRAVEL—RULES, REGULATIONS AND EXPECTATIONS

Although we do not expect any problems, the following guidelines will be enforced on all BHRA trips. These rules are to foster an understanding of expectations and possible consequences.

EVERYWHERE RULES

1. At all times, athletes will show respect and courtesy towards, and cooperation with, and must follow the decisions of, the chaperones and coaches.
2. Under no circumstances may athletes go anywhere alone.
3. An athlete may not leave an assigned group or chaperone under any circumstances.
4. Assigned chaperones must know where the athletes are at all times. It is the athlete’s responsibility to notify the chaperones.
5. The BHRA Medicine Permission Slip must be given to BHRA prior to departure indicating all prescription and non-prescription medications that will be brought on the trip.
6. Will take prescription drugs as prescribed and non-prescription drugs in accordance with written instructions provided by the parents.
7. Any athlete who needs to call a doctor during the trip will be responsible for the bill.
8. There will be no drinking of alcoholic beverages, drug use or smoking at any time on the trip.
9. Each athlete is responsible for everything he or she brings.
10. Everyone is expected to eat properly and drink plenty of fluids, and wear sunscreen.
11. All athletes will have a trip buddy throughout the trip. You are responsible for each other at all times.
12. NEVER SWIM ALONE, and always swim with buddy AND coaches/chaperones supervision/rules.

IN TRANSIT RULES

13. THE BUS WILL LEAVE ON TIME.
14. Each Athlete is limited to one suitcase and one carry-on, and may need to help with team items.
15. Athletes are responsible for notifying parents WHEN WE REACH ALBANY (wake up your buddy if necessary) so that parents will be at the boathouse when the bus arrives.

HOTEL RULES

16. No one will change hotel room assignment without permission from the head coach or chaperone.
17. Athletes must stay in their rooms after curfew.
18. Do not leave money or valuables in unattended rooms.
19. Be considerate of others: no excessive noise, roaming the halls, horseplay, etc. in the hotel or elevators.

20. Keep your rooms clean—they will be inspected. If a room fails inspection, each occupant may forfeit the next special activity.
21. Chaperones and coaches have the right to enter and inspect a room at any time.
22. There will be no mixed groups in hotel rooms. Mixed groups are allowed only in the common rooms or in chaperoned rooms.
23. NO STRANGERS are allowed in any rooms.
24. Do not prop open the hotel doors or open the outside doors for strangers. This protects all of us!

EXPECTATIONS

25. Athletes are expected to participate in all practices and planned activities.
26. Athletes are expected to demonstrate proper sportsmanship on and off the water.

CONSEQUENCES

27. Any athlete who fails to comply with any of the above, may have his or her parents called, may be returned home at the parents’ expense and/or may have restrictions placed on him or her.
28. Each Athlete will be responsible for any damage to or loss of property on the trip.

Rower Signature: _____

Date: _____, 2009

Rower Printed Name: _____

Parent Signature: _____

Date: _____, 2009

Parent Printed Name: _____