

FORMS

Important Note on Forms

All forms and initial monthly payment for September are due the first week of practice for all athletes for registration into the SDRC Juniors Program. All forms must be completed by returning as well as new Juniors Program athletes, and athletes have until October 19th to complete the physical exam portion. So, please be prepared to complete these items at the initial parent kick-off meeting.

Without these forms and payment, we regret that athletes will not be allowed on the water.

- Application information form
- Membership agreement form
- Permission forms and agreements
- Medical Information and release
- Physical Examination form
- SDRC Waiver and Release form
- SDRC Payment Form – Turn in with registration

APPLICATION INFORMATION FORM

Rower Name: _____ Birthdate: _____ Gender: M / F

Street Address: _____ City, State, ZIP _____

Home Phone: _____ Rower Cell: _____

Rower email: _____ School: _____

Year in school: _____

Rower weight: _____ Height: _____

Previous Rowing Experience: _____

USRowing Number (for novices this will be obtained by registering with Regattacentral): _____ Page 18 instructions

Mother Name: _____ Mother Cell: _____

Mother email: _____

Father Name: _____ Father Cell: _____

Father email: _____

Additional Person(s) if desired

Name: _____ Relationship: _____

Phone: _____ Email: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

The SDRC Juniors Program provides rower contact information internally to facilitate carpooling and other team coordination. Do you provide approval for your contact information to be used for this internal SDRC purpose?

Yes: _____ No: _____

MEMBERSHIP AGREEMENT FORM (NOVICE AND VARSITY TEAMS)

The SDRC Juniors Program membership requires an initiation fee, plus dues payable for Fall and Spring seasons. Dues should be payable in full at the start of each season. To complete your membership application and before your rower can begin practice, the initiation fee and season dues should be paid by check payable to "San Diego Rowing Club". If there are outstanding dues from a previous season, these must be paid before participation will be allowed in the new season.

Club Initiation fee: \$100 for new members; \$25 for returning members of the team + Pick an option below.

Plus, one option below: Full Season, Fall/Spring, Monthly

Full Season dues: \$3,690 total for the full year or Sept through May at \$410/month

Discounts:

Full Season A) Full year pre-payment: \$3,545 for the full year (both Fall and Spring seasons) (4% discount)
For families with additional athletes in the program, \$3,400 (Full year).

Fall/Spring Season A) Pay Fall Season dues in one payment of \$1,590 + appropriate initiation fee. (4% discount)
Pay Spring Season dues, after paying Fall Season dues, in one payment of \$1,990.
For families with additional athletes in the program, rates are reduced as follows for the
Additional member(s): \$1,510 (Fall season) and \$1,890 (Spring season)

Monthly option: C) Season dues may also be paid monthly by Bank Auto Debt (ACH), with the first month paid by check in advance and subsequent payments by preauthorized ACH withdrawal by the Club, at the regular fee of \$410 per month.

The initiation fee and season dues may be combined for payment with one check. There will be a \$25 handling fee for any bank refusal of payment and subsequent resubmission (check or ACH). ACH will be run between the 10th and the 15th of each month. Please plan accordingly.

I, _____, parent / legal guardian of _____, a rower or rowers at the SDRC Juniors Program, have carefully read the terms of SDRC Membership Agreement and discussed these with my rower. I fully understand and agree to its contents, and I have either (check one, please):

- (a) submitted payment of full year (both seasons) dues, plus membership initiation fee: \$3,570 or \$3,645 or:
- (b) submitted payment of Fall season dues separately, plus membership initiation fee: \$1,615 or \$1,690 or:
- (c) submitted payment for the first month of season dues, plus membership initiation fee, and hereby authorize the San Diego Rowing Club to initiate ACH entries of \$410 per month during the period October 2019 – May 2020 to my (our) account indicated below. **Sept Check should be for: \$435 or \$510.**

Signature _____

Date _____

Account information:

Bank Name _____

Account number _____

Routing number _____

MEMBERSHIP AGREEMENT FORM (MIDDLE SCHOOL TEAM)

The SDRC Juniors Program membership requires an initiation fee, plus dues payable for Fall and Spring seasons. Dues should be payable in full at the start of each season. To complete your membership application and before your rower can begin practice, the initiation fee and season dues should be paid by check payable to "San Diego Rowing Club". If there are outstanding dues from a previous season, these must be paid before participation will be allowed in the new season.

Club Initiation fee: \$100 for new members; \$25 for membership reactivation

Plus, one option below: Full Season, Fall/Spring, Monthly

Full Season dues: \$2,340 total for the full year or Sept through May at \$260/month

Discounts:

Full Season Upfront **A)** Full year pre-payment: \$2,245 for the full year (both Fall and Spring seasons) (4% discount)
For families with an additional family member rower, rates are reduced as follows for the additional member(s): \$960 (Fall season) and \$1,200 (Spring season) or \$2,160 (full year).

Fall/Spring Season **B)** Pay Fall Season dues in one payment of \$1,010 + appropriate initiation fee. (3% discount)
Pay Spring Season dues, after paying Fall Season dues, in one payment of \$1,260.

Monthly option: **C)** Season dues may also be paid monthly, with the first month paid by check in advance and subsequent payments by preauthorized ACH withdrawal by the Club, at \$260 per month.

The initiation fee and season dues may be combined for payment with one check. There will be a \$25 handling fee for any bank refusal of payment and subsequent resubmission (check or ACH). ACH will be run between the 10th and the 15th of each month. Please plan accordingly.

I, _____, parent / legal guardian of _____, a rower or rowers at the SDRC Juniors Program, have carefully read the terms of SDRC Membership Agreement and discussed these with my rower. I fully understand and agree to its contents, and I have either (check one, please):

- submitted payment of full year (both seasons) dues, plus membership initiation fee: **\$2,270 or \$2,345** or:
- submitted payment of Fall season dues separately, plus membership initiation fee: **\$1,035 or \$1,110,** or:
- submitted payment for the first month of season dues, plus membership initiation fee, and hereby authorize the San Diego Rowing Club to initiate ACH entries of \$260 per month during the period October 2019 – May 2020 to my (our) account indicated below. **Sept Check should be for \$285 or \$360**

Signature _____

Date _____

Account information:

Bank Name _____

Account number _____

Routing number _____

PERMISSION FORMS AND AGREEMENTS

Travel Contract and Travel Permission

I, _____, parent / legal guardian of _____, a rower or rowers at the SDRC Juniors Program, have carefully read the terms of SDRC Juniors Program Travel Contract and Travel Permission and discussed these with my rower. I fully understand and agree to its contents.

Signature _____

Date _____

Zero Tolerance Policy and Parent Responsibilities

I, _____, parent / legal guardian of _____, a rower or rowers at the SDRC Juniors Program, have carefully read the complete SDRC Juniors Program Handbook (Red Book), including the details about the Zero Tolerance Policy, have discussed these with my rower, and fully understand and agree to its contents.

I hereby understand and agree to meet my obligation to abide by the Parent Responsibilities set forth in the SDRC Juniors Program Handbook. I further understand that failure to follow these responsibilities may result in my removal from any regatta or boathouse premises or may result in my rower's expulsion from any or all events and that violations will be determined by the SDRC Juniors President, Head Coach, team coaches and team liaison as appropriate.

Signature _____

Date _____

Publicity Waiver: 2019 - 2020

I, _____, parent / legal guardian of _____, a rower or rowers at the SDRC Juniors Program, hereby give the San Diego Rowing Club and its parents, coaches, members and volunteers permission to take photos and videos of my child(ren) at regattas, practices, and other SDRC-related events and post them on public access websites and submit them to the media along with racing results in the form of articles and press releases. Articles and press releases may contain the names of the individual rowers, their grade in school, school affiliation and other related rowing facts.

I understand that members of the press may request interviews with rowers and that the rowers have the right to decline such interviews. This agreement is in effect for all regattas and events for the 2019 - 2020 racing year.

By this authorization, I understand and agree that no athlete shall receive remuneration for such publicity.

Signature _____

Date _____

SDRC SWIM TEST FORM

Instructions:

1. Write Name of Participant on the Swim Test Form
2. Have a certified Lifeguard/Water Safety Instructor observe you and complete form below
 - Test can be performed at SDRC, YMCA, or anywhere with a certified Lifeguard.
3. Make a copy of your form for your records
4. Bring this form to the boathouse on the first day of program; or mail a copy to: San Diego Rowing Club
PO Box 99856
San Diego, CA 92169

Name of Participant / Rower: _____

Location of Test: _____

Phone Number of Location: _____

Swim Test Certification:

I hereby certify that the participant can **swim 100 yards** in a competent manner and can **remain afloat for at least 5 minutes.**

Lifeguard/Water Safety Instructor Name (print): _____

Lifeguard/Water Safety Instructor Signature: _____

Date of Test: _____

Keep a copy of the completed swim test for your records.

MEDICAL INFORMATION AND RELEASE FORM

GENERAL INFORMATION

Name of participant:	Age/Date of Birth	Gender (M/F):
Name of Parent:	Cell Phone #:	Secondary Phone #:
Home Street Address:	City, State:	Zip Code:
Emergency Contact: Relationship:	Cell Phone #:	Secondary Phone #:
Physician's Name:	Phone #:	
Health Insurance Company:	Name of Insured: SSN:	Policy Number:

ALLERGIES

Please list all allergies to medications, food, insect bites/stings, animals, plants, other, etc. Include the type of reaction and severity and recommended treatment. Please use additional pages if necessary.

Allergy	Reaction/Severity	Recommended Treatment

(Circle Yes or No)

- Does your child/rower suffer from Anaphylaxis? Yes No
** Anaphylaxis is a severe allergic reaction marked by swelling of the throat, hives, and trouble breathing.*
- Does your child/rower require an EpiPen? Yes No
- Does your child/rower require an inhaler? Yes No

MEDICAL CONDITIONS

Please document any current medical conditions, chronic illness or other health concern that would be needed to assist the staff or medical personnel in an emergency situation. Include any restrictions on activities.

Medical Condition	Effects/Restrictions/Precautions/Limitations

MEDICATIONS

List any medications your child/participant currently takes; include the dosage schedule and any specific instructions for use. Also, please indicate (Yes/No) if the minor child/participant is allowed to take their medication on their own or if it should be monitored by a staff member.

Medication	Dose Schedule	Specific Instructions	Self-Medicate (Yes/No)

** Be sure to bring enough medication in sufficient quantities and in the original containers labeled with the child/rower's name and doctor's contact information. Make sure they are not expired, including inhalers and EpiPens.*

IMMUNIZATION STATUS

(Circle Yes or No)

1. Immunizations up to date? Yes No If No, why: _____
 (Polio, DTaP & Booster, Hep B, MMR, Varicella, Tetanus)

2. Exempt from Immunization? Yes No If Yes, why: _____
Unimmunized children/rower's will be prohibited from SDRC activities in the case of a suspected local outbreak.

MEDICAL RELEASE

I, _____, parent / legal guardian of _____, a rower or rowers at the SDRC Juniors Program hereby consents to any emergency x-ray, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care begin required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California.

My child is in good health, and I know of no reason why he/she would be incapable of participating in activities. My child knows how to swim. I understand that I am responsible for informing the coaches of any health condition that may limit the named rower's participation in this sport. If a change in this condition occurs, I will immediately inform the coaches in writing.

Signature _____

Date _____

PHYSICAL EXAMINATION FORM

Rower Name: _____

Review of Medical History:

Pertinent past medical history:
Current medical disorders:
List all medications (both routine and p.r.n.):

Physical Examination:

BP:	PULSE:	HEIGHT:	WEIGHT:
NEUROLOGICAL:	HEAD/NECK:	CHEST/AIRWAY:	
SKIN:	CARDIOVASCULAR:	ABDOMEN:	
VISION:	MUSCULOSKELATAL:	STRENGTH:	
GENITALIA/HERNIAS:	TANNER STAGE (1-5):	AGE OF MENARCHE (females)	
Description of abnormalities above:			

Immunization Status:

(circle yes or no)

1. Immunizations up to date? Yes No If No, why: _____
(Polio, DTaP & Booster, Hep B, MMR, Varicella, Tetanus)

2. Exempt from immunization? Yes No If Yes, why: _____

Recommendations:

_____ There are no restrictions or special considerations to participation in the crew/rowing athletic program.

_____ The following are limitations or special considerations:

_____ This person is disqualified from sports until further evaluation.

Physician or Nurse Practitioner Statement/Signature:

I, the undersigned am licensed to elicit and interpret the medical history, pharmaceutical history and clinical findings of a complete health assessment for participation in an athletic program. I have completed this assessment and recorded all pertinent findings above.

 Physician or Nurse Practitioner Signature Today's Date Date of Exam

 Printed Name License Number

 Address

RELEASE OF ALL CLAIMS AND ASSUMPTION OF ALL RISKS FORM and VARSITY ROWER PLEDGE

(A separate release form is required from every rower. Please initial each paragraph – 6 places and sign.)

I, the undersigned, represent as follows:

I am a qualified, competent swimmer and am physically able to participate in and withstand with ease and without supervision the rigors of participating in water sports, which may involve rough water swimming in low water temperatures, in the dark and against strong currents. _____

I understand that my participation in activities related to rowing/swimming sponsored by or associated with the San Diego Rowing Club (SDRC) may expose me to certain risks of serious injury, including death, and it is my express intent to assume all responsibility and risk for such participation regardless of the outcome, including injury or death resulting from the negligence of the SDRC, its members, directors, officers, employees, and/or volunteers. _____

I hereby FOREVER release and hold harmless the SDRC and its members, directors, officers, employees, and/or volunteers of any and all responsibility and liability of any kind or nature whatsoever for the loss or damage to property or personal injuries sustained or occurring during participation in any capacity in any activity sponsored by or associated with the activity of rowing/swimming in any related to, affiliated with, or sponsored by the SDRC or use of the facilities or equipment of the SDRC. _____

If I choose to store or leave any personal property items including, but not limited to, boats, sculls/oars, etc. (Personal Items) at SDRC, I freely do so at my own risk. I agree that SDRC, its members, directors, officers, employees, and/or volunteers not liable, for any damage, theft, maintenance, safety, injury, death or any other liability, costs, or damages consequential or otherwise incurred directly or indirectly associated with or incurred through the use on or off the water, whether authorized or unauthorized, of the Personal Items or as a result of storage of Personal Items. I agree to maintain at all times my own necessary and appropriate insurance coverage of such Personal Items. _____

This shall serve as release and assumption of the risk for not only myself, but my heirs, executors, estate, administrators, and anyone acting on their behalf. _____

If the member is currently under the age of 18, his or her parent or legal guardian shall execute this document with its full intent and effect in force on behalf of the minor. The fact that this release is executed by the parent or legal guardian of a minor does not in any way minimize or negate the effect of same. _____

Print Name: _____ Date of Birth (mo/day/yr): _____

Team: MV _____ WV _____ MN _____ WN _____ MS _____ (initial one)

Signature of Parent or Guardian: _____ Date: _____

Varsity Rower Pledge: as a varsity rower (only), I pledge to commit to my team and attend all practices and races on time, unless I have a pre-approved absence (e.g. illness). I pledge to organize my schoolwork, exams and other extra-curricular activities with good time management, in order to meet my rowing team commitment.

Signature: _____ Date: _____

2019 -2020 SDRC Season Dues **Rower Name:** _____

Middle School Costs

Paid In Full

Payment Option A	Initiation Fee	Full	Total		
Returning	\$25	\$2,245	\$2,270	4%	Off
New	\$100	\$2,245	\$2,345		
September Check					

Pay Fall and Spring Separately

Payment Option B	Initiation Fee	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total			
Returning	\$25	\$1,010			\$1,260						\$2,295	3%	Off	
New	\$100	\$1,010			\$1,260						\$2,370			
September Check														

Monthly ACH Option *

Payment Option C	Initiation Fee	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Returning	\$25	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$2,365
New	\$100	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$260	\$2,440
September Check		ACH	ACH	ACH	ACH	ACH	ACH	ACH	ACH	ACH	

Novice and Varsity Costs

Paid In Full

Payment Option A	Initiation Fee	Full	Total		
Returning	\$25	\$3,545	\$3,570	4%	Off
New	\$100	\$3,545	\$3,645		
September Check					

Pay Fall and Spring Separately

Payment Option B	Initiation Fee	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total			
Returning	\$25	\$1,590			\$1,990						\$3,605	3%	Off	
New	\$100	\$1,590			\$1,990						\$3,680			
Additional Athlete	\$25	\$1,510			\$1,890						\$3,425	8%	Off	
Additional Athlete	\$100	\$1,510			\$1,890						\$3,500			
September Check														

Monthly ACH Option *

Payment Option C	Initiation Fee	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
Returning	\$25	\$410	\$410	\$410	\$410	\$410	\$410	\$410	\$410	\$410	\$3,715
New	\$100	\$410	\$410	\$410	\$410	\$410	\$410	\$410	\$410	\$410	\$3,790
September Check		ACH	ACH	ACH	ACH	ACH	ACH	ACH	ACH	ACH	

* - ACH will be run from Oct through May. Typically ACH will be run between the 10th and the 15th of each month.
 - No discount for family paying monthly with multiple athletes in the program.

Please Check Off	Payment	Pg 22	Pg 23	Pg 24	Pg 25	Pg 26	Pg 27	Pg 28	Pg 29	Pg 30
Pages Turned in										
Payment Option Choice:	A			B			C			
Check Amount: \$				Check #						