



## Health Information

In case of emergency, it is imperative that we be able to reach a rower's parent or guardian. **PLEASE PRINT**

**Rower:** First and Last Name: \_\_\_\_\_

Home Address (*include city and zip*): \_\_\_\_\_

High School and year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Rowers: cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Mother:** First and Last Name: \_\_\_\_\_

Home Address (*if different from Rower*): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**Father:** First and Last Name: \_\_\_\_\_

Home Address (*if different from Rower*): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### IN CASE OF EMERGENCY, CONTACT:

First and Last Name: \_\_\_\_\_

Home Address (*if different from Rower*): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Doctor's name and phone number: \_\_\_\_\_

Dentist's name and phone number: \_\_\_\_\_

Insurance Carrier name: \_\_\_\_\_

Policy #/ Group# \_\_\_\_\_ Ins. Phone # \_\_\_\_\_

Special health concerns, allergies, physical limitations: \_\_\_\_\_



## Rower Information Sheet

Start Date\_\_\_\_\_

Rower's Name (as it appears on Driver's License or Valid Govt ID):

\_\_\_\_\_

Preferred Name\_\_\_\_\_

Primary Household: parent(s) or guardian(s) name(s):\_\_\_\_\_

\_\_\_\_\_

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

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

Telephone: number order in which we should try to call in an emergency

Home:\_\_\_\_\_ (Who):\_\_\_\_\_

Cell#1:\_\_\_\_\_ (Name):\_\_\_\_\_

Cell#2:\_\_\_\_\_ (Name):\_\_\_\_\_

Work:\_\_\_\_\_ (Who):\_\_\_\_\_

Parent's email address (please print):\_\_\_\_\_

Rower's email (please print):\_\_\_\_\_

Rower's Cell:\_\_\_\_\_

If your rower has two households, please provide further information below:

Names:\_\_\_\_\_

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

Zip:\_\_\_\_\_ Telephone:\_\_\_\_\_

E-Mail address:\_\_\_\_\_



**Authorization to treat a minor** page 1 **PLEASE PRINT**

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

Participants/Rowers Name: \_\_\_\_\_

Telephone:(home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Emergency Medical Information**

Rower's Birth date : \_\_\_\_\_

Physician/ HMO: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

**Medical History**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Known medical condition: \_\_\_\_\_

**Insurance Information**

Insurance Carrier: \_\_\_\_\_

Policy Group #: \_\_\_\_\_

Insured's name: \_\_\_\_\_

Employer: \_\_\_\_\_

**Emergency Contact Information**

1)Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_

2)Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Declaration of Health and Swimming Ability:**

I confirm my child can swim 100 meters in light clothing: Yes / No

I confirm that my child does not suffer from any known medical or physical condition that might affect him/her during physical exercise: Yes / No

I am fully aware of and appreciate the risks and other damages and losses associated with participation in this program. I agree that (a) The Southern California Scullers Club: (b) associated coaches, volunteers and a parents, as a group, or as individuals, assume no liability or financial obligation for any loss, accident or illness incurred by the above named participant in the course of his/her association with the program. The above named participant/rower is in good physical condition with no limitation: there are no known diseases or physical conditions that could result in the participant being harmed by this program. While I understand that hospitals/ physicians/ coaches will try to contact me as the parent/guardian of the above named participant/rower, I authorize in my absence the emergency evaluation and treatment deemed necessary by the attending physician in the case of an accident or illness. The participant is a competent swimmer and can tread water for ten minutes fully clothed.

**SCSC Medical and Liability Release:** I(we) the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_(rower's name),a minor, do hereby authorize and consent to an x-ray, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist Licensed under the Provisions of the Dental Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I understand that I am responsible for the costs of all medical treatment.

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Signature of parent or legal guardian

Date

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Signature of parent or legal guardian

Date

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## 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 12/31/12 – 12/31/13, 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 Releasee 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.

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**Printed Name of Participant:**

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

Address:

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

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

Participant’s Signature: \_\_\_\_\_

Organization: Southern California Scullers Club

### 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):**

## Alcohol, Tobacco, Illegal Substance, and Weapons Policy

Southern California Scullers Club enforces a zero tolerance policy regarding the acquisition, use, or possession of any alcohol, tobacco, narcotic, illegal substance or weapon of any kind. Simply stated, this policy provides that any rower who is found to have been in possession of alcohol, tobacco, narcotic, any illegal substance, or weapon at any time during an SCSC activity or official event, school activity will have his or her participation/membership immediately suspended pending a termination review.

This policy applies to all SCSC activities, including practices, regattas, and official SCSC social events. It also applies to all times during those activities, including from the time a member enters the marina parking lot, boards a car, bus or van, or enters the premises of any official social event until such time as the member ceases to be engaged in the activity or the event and has left the premises. Since Southern California Scullers Club encourages good citizenship this policy **also applies to non- SCSC events and activities** including but not limited to school programs and social functions.

A termination for violation of this policy shall be effective immediately for an indefinite period. In the event of a termination of a member as a result of this policy the affected member will forfeit, without right of reimbursement, all membership dues. The member may subsequently re-apply for membership with the understanding that the decision whether or not to re-admit the member is solely within the discretion of Southern California Scullers Club.

Unfounded, malicious reporting of violations of this policy will result in the indefinite suspension of the guilty party/parties.

### Procedures for Enforcement

The coaches are charged with the initial responsibility of investigating and determining whether a violation of the policies has occurred. On making the determination that a violation has occurred, the coaches shall promptly inform the member who committed the violation. The coaches will determine if the violation requires immediate action or action that may await further review. At a regatta a violation may mean immediate dismissal from the competition and the athlete being sent home at his or her/own expense.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent Responsibilities

Being an SCSC parent entails certain responsibilities. I agree that I will:

1. Read and abide by the article "Interaction with Coaches". (Pending)
2. Ensure that all forms and fees are delivered on time;
3. Take a lead role in supporting my rower, and participating in chaperoning and food support at regattas.
4. Respect that the coaches have full responsibility for training the participants;
5. Respect the coaches as the final authority on boat selection and rowing matters;
6. Remember that the coaches seek to create a positive experience for as many athletes as possible and that while decisions may appear somewhat subjective, they are not personal.
7. Not distract the coaches before, during practice, or at regattas. Refrain from communicating with coaches during a practice.
8. Attend all mandatory Parent Meetings.
9. Refrain from making disruptive or negative comments about any participant, coach, program director, officials or opponents. Lack of cooperation with this may result in my child and me being removed from the program.
10. Support my rower and enjoy his or her growth and development through their commitment, dedication and teamwork.

I understand that I will be approached regarding any violations of the above. After two such interventions my rower and myself may be removed from the program.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Receipt of Information and Agreement of Support

We have received and read the program information and policy documents outlining the Southern California Scullers Club Junior Team goals, schedules, rules, regulations, exceptions and general guidelines.

As a rower on the Southern California Scullers Club Junior Team and as parent(s) of a member of the rowing program, we understand and support the rowing program in its philosophy and policies, including, inter alia, the participant Code of Conduct, Parent Responsibilities, and Zero Tolerance Policy.

Rower            Signature: \_\_\_\_\_

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

Parent            Signature: \_\_\_\_\_

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

Parent            Signature: \_\_\_\_\_

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



# Code of Conduct

Participation in a competitive rowing program demands fitness, determination, strength, and a competitive instinct. It also bestows friendship, camaraderie, and an enormous sense of teamwork. It is with this in mind and our goals to be recognized for our crew spirit and our good citizenship, the following Code of Conduct has been prepared.

1. I will row only when I have been fully registered with paid dues and fees.
2. I will pay the required dues and fees on time.
3. I understand that if I am expelled from SCSC for disciplinary infractions, or if I quit the team, I will forfeit any and all payments made.
4. I will participate in all mandatory SCSC events
5. I will maintain a satisfactory record of conduct, citizenship, grades, and attendance in school
6. I will demonstrate support for coaches and fellow rowers, and show team spirit at all SCSC events and competition.
7. I will be responsible for the proper care and use of equipment and for the facility.
8. I will pay for any equipment willfully or negligently damaged or lost. Removal of any equipment from the facility without the approval of the coaches is forbidden.
9. I will be punctual for practices and meetings.
10. I will participate fully in all aspects of training.
11. I understand that the use of alcohol, tobacco, or any illegal substances is unacceptable by participants and will not be tolerated. I understand that bringing a weapon of any kind to any SCSC function is grounds for immediate termination.
12. I promise to conduct myself with decorum and good sense, to behave courteously and considerately to all and to refrain from disrespectful language and actions. This applies to all coaches, teammates and families at SCSC, on all teams involved at SCSC. This applies to behavior towards your teammates outside of SCSC, while at home, school, on the Internet, and in the community. I understand that in order to work as a team, respect for my teammates and the coaches as well as my opponents is crucial.
13. I understand that any inappropriate relationship with team members, coaches, etc. will not be tolerated.
14. I will treat all teammates, opponents, coaches, directors, officials and parents with respect.
15. I understand that bullying, harassment, of any kind of threatening or mean behavior (verbal, physical, or sexual in nature) towards coaches, staff, parents or fellow athletes will not be tolerated in any form.
16. I understand that theft at the rowing facility or any venue will not be tolerated.
17. I will respect the authority and decision of the coaches as well as that of the chaperones and other appropriate authorities.
18. I realize that team goals come before my personal goals or desires.
19. My parents and I will observe the rules regarding transportation to and away from rowing events.
20. My family and I understand that if I receive credit for Independent Study my school will be notified if I am in breach of this participation Code of Conduct.
21. My parents and I will refrain from distributing any public announcements including but not limited to, emails, letters, or petitions, defaming, slandering, harassing or undermining SCSC, its athletes, staff, directors or agents.
22. My parents and I understand that failure to let the coaches or any member of the staff know immediately if there is someone on the team who is not adhering to the Participants Code of Conduct is in itself a breach of the Code of Conduct.

Infractions of any of the above will be addressed quickly and immediately as the situation warrants and necessitates based on the coach or SCSC staff member involved in the discovery of the action. A rower or parent with an infraction involving a serious event (physical confrontations, drugs, alcohol, weapons, bullying, harassment, etc.) can, based on the coaches' discretion be terminated immediately. I/We understand the rules and the possible disciplinary actions for violations, which could range from a verbal warning to suspension or expulsion from the program.

Rower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Photographic Model Release

Southern California Scullers Club a California state not for profit corporation is hereinafter referred to as SCSC. Photographic images taken of SCSC rowers participating in any SCSC related activities are hereinafter referred to as Images. Any Individual affiliated with SCSC or the rowers taking images are hereinafter referred to as the photographer.

I hereby give SCSC and the photographer and their assigns my permission to license the images and to use the images in any media for any purpose (except pornographic, defamatory, libelous, or otherwise unlawful) which may include, among others, sale, advertising, promotion, marketing, and packaging for any product or service. I agree that the images may be combined with other images, text, graphics, and cropped, altered or modified.

I agree that I have no rights to the images and all rights to the images belong to SCSC and the photographer and the assigns. I acknowledge and agree that I have no further right to additional consideration or accounting, and that I will make no further claim for any reason to SCSC, photographer and/or assigns. I acknowledge and agree that this release is binding upon my heirs and assigns. I agree that this is irrevocable, worldwide and perpetual and will be governed by the laws of the State of California.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from the, or related to the, use of the photograph.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of release.

SCSC Rower Name: \_\_\_\_\_ (printed)

I am 18 years of age or older and I am competent to contract in my own name.

SCSC Rower Signature: \_\_\_\_\_

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

I am the parent or legal guardian of the SCSC rower named above who is a minor and I sign on their behalf agreeing to the terms of this release.

Name of Parent/Legal Guardian: \_\_\_\_\_ (printed)

Signature of Parent or Legal Guardian: \_\_\_\_\_

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



## SCSC Registration Packet and check off list - 2013

**Rowers Name:** \_\_\_\_\_

The following forms must be complete and returned when registering and prior to participation along with this check list:

- \_\_\_\_ Health Information
- \_\_\_\_ Rower Information Sheet
- \_\_\_\_ Authorization to treat a Minor (and Declaration of Health and Swimming Ability) - (Sign 1st copy)
- \_\_\_\_ Authorization to treat a Minor (and Declaration of Health and Swimming Ability) - (sign 2nd copy)
- \_\_\_\_ Release of Liability
- \_\_\_\_ Alcohol, Tobacco, Illegal Substances and Weapons Policy
- \_\_\_\_ Parent Responsibilities
- \_\_\_\_ Receipt of Information and Agreement of Support
- \_\_\_\_ Code of Conduct
- n/a Authorization for payment and account information
- \_\_\_\_ US Rowing Proof of Membership (Must be done and paid online)
- \_\_\_\_ US Rowing Release of Liability (Must be done online)
- \_\_\_\_ SCSC Liability Waiver (paper copy)
- \_\_\_\_ Photographic Model Release

**Payments received prior to rower's participation:**

\_\_\_\_ Spring season dues of \_\_\_\_\_