



## Norcal Crew New Athlete Registration

Name of Athlete: Last: \_\_\_\_\_

First: \_\_\_\_\_ Middle (required): \_\_\_\_\_

Athlete Email: \_\_\_\_\_

Athlete Cell: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

Athlete Address: Street: \_\_\_\_\_

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

School Name: \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_

Incoming Fall Grade Level: \_\_\_\_\_

### Parent Information:

#### Parent 1

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ ( cell / work / home)

Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_ ( cell / work / home)

#### Parent 2

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ ( cell / work / home)

Secondary Phone: (\_\_\_\_\_) \_\_\_\_\_ ( cell / work / home)

If parents live separately, please describe the living arrangement of the athlete and provide a secondary address:

Email is Norcal Crew's primary form of communication. Make sure email addresses are inputted properly and checked regularly. Please check which parent(s) would like to receive team updates via email (check one):

Parent 1       Parent 2       Both (recommended)

How did you hear about Norcal Crew? \_\_\_\_\_

Athlete and parents have read and understood the Norcal Crew Parent/Athlete Handbook (handbook can be found online at <http://norcalcrew.squarespace.com/forms/parentathlete-handbook/>)



## NORCAL CREW Release of Liability Waiver

IN CONSIDERATION of being given the opportunity to participate in any NORCAL CREW ("Club") activities ("Activity"), 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 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 of 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 ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club 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. HEREBY RELEASE, discharge, and covenant not to sue Norcal Crew, the Club, 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; 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's 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 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

*Signature (only if age 18 or over)*

### PARENTAL CONSENT

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 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 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.

**Name of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

*Parent/Guardian Signature (if participant is under the age of 18)*

# **AQUATIC ACTIVITY RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)**

IN CONSIDERATION of being given the opportunity to participate in any way in any **BAIR ISLAND AQUATIC CENTER** (“Club”) activities (“Activity”) I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Rowing and Paddling 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. FULLY UNDERSTAND that: (a) ROWING AND PADDLING 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 Releasees named below; and (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. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club 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. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, 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; 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 the result of such claim.

**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 affect**

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ DATE: \_\_\_\_\_  
PARTICIPANTS SIGNATURE (age 18 or over): \_\_\_\_\_

## **PARENTAL CONSENT (for participants 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 in part by the negligence of the releases as 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 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.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ DATE: \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



## SWIMMING CERTIFICATE OF COMPETENCE

Rowing is a water sport that carries with it certain basic risks. Norcal Crew plans activities and rowing practice on the inlet waters of the San Francisco Bay. Albeit rare, crew members may unexpectedly land in the water for any (but not limited to) the following reasons.

1. Boat flipping over
2. Collision with another boat
3. Ejection from the boat as a result of catching a crab (the oar getting caught underneath the water)
4. Falling off of platform or dock
5. Authorized or unauthorized swimming

Although all practices and regattas are supervised by adults, a boat may go beyond the view of a coach or supervising adult because of the physical geography of the Redwood City inlet waters, boat positions in a regatta or other less predictable circumstances. Intended or accidental immersion into the cold water can occur at any time and it may take some time for a boat to reach a rower in need of assistance. Therefore, **all crew members must be competent swimmers**. For your child to participate in the program, you must confirm his/her ability to swim a minimum continuous distance of 100 meters.

I certify that my child is a competent swimmer, can swim 100 meters continuously and is fit to participate in the sport of crew.

Name of Crew Member \_\_\_\_\_

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

## DRIVING PERMISSION WAIVER

We give permission for our son/daughter to be transported to and from Norcal Crew activities by private car. This permission is in effect for their tenure as an athlete at Norcal Crew, unless revoked in writing. We waive any claims related to such transportation, and hereby indemnify and hold harmless the Norcal Crew organization, its coaches, employees, officers, agents and parent drivers from any claims related to such transportation.

We authorize the coaches of the Norcal Crew to authorize any medical treatment deemed necessary, in the absence of a parent or guardian. We hereby give permission for our son/daughter to receive emergency medical or surgical treatment, and to be hospitalized if necessary.

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

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



## Medical Insurance Information of Athlete

**Athlete Name:** \_\_\_\_\_

**Sex (circle one):** M / F

**Date of Birth:** \_\_\_\_\_

**Athlete Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Insurance Company Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certificate Number:** \_\_\_\_\_

**Group:** \_\_\_\_\_

**Type:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_

**Relationship to Athlete:** \_\_\_\_\_

**Employer of policy holder:** \_\_\_\_\_

### In case of a medical emergency, please contact:

Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

*(please complete both sides)*

# Medical History of Athlete

Name of Crew Member \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

**1. List past injuries** (e.g. broken finger, shin splints, etc.)

\_\_\_\_\_

\_\_\_\_\_

**2. Chronic Illness** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Hypertension                |
| <input type="checkbox"/> Heart Defect/Disease    | <input type="checkbox"/> Bleeding/Clotting disorders |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Frequent Ear Infections | _____  |

**3. Allergies** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Animals         | Please list specifics: _____<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> Hay Fever       |   |
| <input type="checkbox"/> Plants/Pollens  |   |
| <input type="checkbox"/> Medicines/Drugs |   |
| <input type="checkbox"/> Food            |   |

**4. Other Health Conditions** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> ADD/ADHD           | <input type="checkbox"/> Motion Sickness     |
| <input type="checkbox"/> Fainting           | <input type="checkbox"/> Special Diet: _____ |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Nosebleeds         | _____  |
| <input type="checkbox"/> Glasses/Contacts   |  |

**5. Immunization History:**

Immunization	Date of Last Shot	Immunization	Date of Last Shot
DPT		Measles	
TD (Tetanus Diphtheria)		Mumps	
Tetanus		Rubella (German Measles)	
HPV		Other:	
Tuberculin		Other:	

**6. Date of last health examination** \_\_\_\_\_

Where there any medical problems found in the last health examination?

**7. Any other restrictions in activity?** Please attach a separate sheet if additional space is needed.

*I certify that the above information is correct and true and that my child is fit to participate in the Norcal Crew activities*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_