Treasure Coast Rowing Club Juniors
Summer Learn to Row Camps

Parents and Rowers

Welcome to Treasure Coast Rowing Club Juniors Learn To Row Summer Camp. This camp will introduce your child to a wonderful sport that they can do in their youth all the way into the later years in life. During the week your child will learn the basic fundamentals of rowing and introduce them to the physical training we do during the school year. They will also have the opportunity to work with and learn from current rowers on the juniors team.

Space is limited, if you know of other who would like to row with us have them reserve their spot quickly.

In order to provide a safe rowing environment each rower will need to bring in a completed packet. ***Both the medical treatment and the swim test must be notarized in order for your child to attend camp***. NO EXCEPTIONS WILL BE MADE

The registration packet includes:

- Rower/Parent Information
- USRowing and Treasure Coast Rowing Release of Liability
- Medical Treatment Release of Liability **TO BE NOTARIZED**
- Swim Test Completion **TO BE NOTARIZED**
- Rower Code of Conduct
- $100 per one week session (checks made out to Treasure Coast Rowing Club Juniors)

Rowers will NOT be able to participate until ALL forms have been received.

Completed forms and registration fees can be brought to the boathouse on the first day of camp or mailed to:

Treasure Coast Rowing
Learn To Row Camp
PO Box 1286
Palm City, FL 34991

Information on what to bring to camp will be posted under the juniors section on the website: treasurecoastrowingclub.com

If you have any questions or need additional information please contact Coach Stefanie Falkner at:
TCyouthrowing@gmail.com (preferred)
(772)932-1624 (Cell)

TREASURE COAST JUNIORS
2016 Learn To Row Camp
ROWER/PARENT INFORMATION

Rower Information

Name: _____ Sex:_____

Date of Birth: _____ Age: ____ Grade: ____ Rowers School: _____

Shirt Size:(Adult sizes) XS S M L XL

Allergies: _____

Medical Conditions: _____

Home Address: _____

Home Phone: _____ Rower cell phone: _____

Rower E-mail: _____

Parent/Guardian Information

Name: _____ Name: _____

Relation to rower: _____ Relation to rower: _____

Home Ph: _____ Home Ph: _____

Work Ph: _____ Work Ph: _____

Cell Ph: _____ Cell Ph: _____

Email: _____ Email: _____

Emergency Contact – other than parent

Name: _____ Relation to rower: _____

Home Ph: _____ Work Phone: _____

Cell Ph: _____

The information on this form is for Treasure Coast Juniors use only and will not be used for commercial purposes or distributed to anyone except Treasure Coast rowers and parents. Name, address and parent email may be provided to US Rowing as required by membership rules.

TREASURE COAST ROWING CLUB, INC.
Rowing Release

IN CONSIDERATION of being given the opportunity to participate in any TREASURE COAST ROWING CLUB, INC. (the "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 REPONSIBILITY 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 US Rowing, the Club, their administrators, directors, agents, officers, volunteers and employees, others participating, regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of equipment and 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 indemnification agreement, I, or any one 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, loss, liability, damage, or cost, including but not limited to experts, attorney fees and legal assistant's fees at trial and appellate levels, which any may incur as a 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 shall nonetheless continue in full force and effect.

Printed Name of Participant:

_____

Address: _____
Street

_____
City State Zip

Phone: _____

Participant's Signature and Date:

_____
Signature Date

PARENTAL CONSENT (if 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 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 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 INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, loss, liability, damage, or cost, including but not limited to experts, attorney fees and legal assistant's fees at trial and appellate levels, which any may incur as a result of such claim.

Printed Name of Parent/Guardian:

_____

Address: _____
Street

_____
City State Zip

Phone: _____

Parent or Guardian's Signature and Date:

_____
Signature Date

NOTARIZED

Authorization for Medical Treatment of Rower

Treasure Coast Juniors
PO Box 1286
771 SW 28th Street
Palm City, FL 34991
www.treasurecoastrowingclub.com

I am the parent/person having legal custody of or am the legal guardian of _____, a minor rowing for Treasure Coast Rowing Club Juniors. In case of emergency, I understand in the event I cannot be reached, I, do hereby authorize the board members, coaches or other representative of Treasure Coast Juniors, as agents for the undersigned, to consent to any x-ray examination, and the anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or in said hospital.

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 or power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

I hereby authorize any hospital which provides treatment to the above named minor to surrender physical custody of such minor to my above-named agent(s) upon completion of treatment. These authorizations will remain in effect for one (1) year from the date notarized unless revoked in writing and delivered to said agent(s).

_____

Parent/Guardian name

_____

Parent/Guardian signature Date_____

Rowing season: Summer 2016

NOTARIZED

Swim Test Completion Form

Treasure Coast Juniors
PO Box 1286
771 SW 28th Street
Palm City, FL 34991
www.treasurecoastrowingclub.com

Rowing is a water related activity. Because rowing is a water related activity, it is critical that each rower have certain basic swimming skills. In order for any student athlete to participate in any water related activity with Treasure Coast Juniors, the parent or parents of each rower shall either (1) certify that their son or daughter is a competent swimmer, or (2) if unable to make this certification without conducting a swim test, shall conduct the swim test set forth below and must complete this Certification and provide it to Treasure Coast Juniors.

The Swim Test is comprised of the following in the order shown without rest intervals:

1) Jump feet first into water over the head in depth, level off, and begin swimming.

2) Then swim 100' using any stroke. The 100' feet must be completed in one swim without stops and include at least one 180-degree turn.

3) Then tread water or stay afloat for 5 minutes without touching bottom or using any floatation device or other support.

4) Complete all form spaces below and submit to Treasure Coast Juniors.

Complete one of the following:

I, the undersigned parent of _____ (Rower's name) hereby attest and certify that my son or daughter is a competent swimmer and is deemed skilled enough to participate in water related activities with Treasure Coast Juniors.

Parent Name: (print)_____

Parent Signature: _____

(or)

I, the undersigned parent of _____ (Rower's Name) hereby attest and certify that my son or daughter has taken and passed the Swim Test and request Treasure Coast Juniors to allow them to participate in water related activities:
Parent Name: (print)_____
Parent Signature: _____
Test date: _____

Rowing season: Summer 2016

Rower Code of Conduct

Treasure Coast Juniors
PO Box 1286
771 SW 28th Street
Palm City, FL 34991
www.treasurecoastrowingclub.com

Rowers in particular have a tradition of excellence on and off the water. We expect all of you to keep up this tradition, not only here at the boathouse, but also in your schools. We encourage each one of you to be as good an athlete as you are a student. In order to be accepted into the program, we require personal discipline.

We expect from the team members:

- Respect for coaches, staff, team members, and the other people who share the facility.
- Respect the equipment and the facility. Please treat the boats with extreme care. Broken equipment would keep us from practicing as well as being expensive to replace. Please let us know if you notice broken equipment so that we can repair it as soon as possible.
- Proper attire; No inappropriate clothing and shirts must be worn at the boathouse.
- The use of profanity at any rowing event is not allowed.
- We have zero tolerance regarding the use of alcohol, tobacco or any illegal substances. These are strictly prohibited.
- Remember that rowing is a team sport – we all depend on each other. Your actions and in-actions affect
  everyone on the team. Consider this and act accordingly.

Infractions upon these rules could lead to disciplinary action to be determined by the coaches Including: Expulsion/Suspension from the camp Parents may address any questions or concerns regarding possible sanctions directly to the Coach.

I have read and agree to abide by the above rules.

Student Signature_____ Date_____

Student Name_____

Parent Signature_____ Date_____

Parent Name_____

Rowing season: Summer 2016