



DUBLIN CREW REGISTRATION FORM

Season: (Fall, Winter, Spring or Summer) _____ **Squad:** (Novice or Varsity) _____

Athlete Information Full Name: _____

Birthdate: _____ Email: _____

Home Phone: _____ Mobile Phone: _____

Address: _____

City, State & Zip: _____

Year in H.S.: (9th, 10th, 11th or 12th) _____ High School you attend: _____

Parent/ Guardian/ Custodian Information

Medical Information

☐ **By checking this box, the medical information previously provided has not changed and is accurate and complete. Note: If medical information has changed, please provide a new medical authorization form.**

Parent/ Guardian/ Custodian Information

Mother Name: _____ Father Name: _____

Home or Cell: _____ Home or Cell: _____

Email: _____ Email: _____

☐ Check if you do not want your contact information included in the distributed roster

Payment Information (complete all that apply)*

Donations: Equipment Fund \$ _____ PayPal \$ _____

Payment Method: Check # _____ Cash \$ _____

* Financial assistance may be available via the Scholarship Fund. Direct eligibility inquiries to club president.

Recruiting Discount (\$50.00 cash bonus to current members per each paid-n-full new rower)

Returning Members: List new rower(s) you recruited for this season (fall and spring only)

Name of Paid New Rower _____ Name of Paid New Rower _____

Name of Paid New Rower _____ Name of Paid New Rower _____

New members: provide name(s) of Dublin Crew member who recruited you:

Name(s) of Dublin Crew Rower _____

☐ **By checking this box, you acknowledge that the above information is complete and accurate.**

☐ Student Athlete _____

☐ Parent/Guardian _____

Date _____

Date _____



CLUB REQUIREMENTS

Certification and Signature

Please check each box to verify your acknowledgement of Club policies and procedures. It is important that you read each item carefully as you will be held responsible for their content.

- ☐ We have provided at least one valid email address which we will check daily for news, possible changes to practice and regatta schedules, and other information the coaches deem applicable.
- ☐ We certify that we (parents and student athlete) have read and understand the Dublin Crew documents available on the Club's website at www.dublincrew.org and agree to abide by them. These documents are: Registration & Fee Policy, Code of Conduct, Harassment Policy, Captain's Expectations, Travel Policy, Driver Guidelines, Chaperone Guidelines and the City of Columbus high school rowing agreement.
- ☐ We verify that all medical, contact and insurance information is up-to-date and current.
- ☐ We verify that the waivers on file with Dublin Crew are valid for the season being registered for via this document.
- ☐ We acknowledge that it is our responsibility to check the website on a regular basis for pertinent information regarding Club activities and expectations. The website address is www.dublincrew.org.
- ☐ We verify that our student athlete can swim 25 meters or the equivalent of one standard lap in a pool.
- ☐ We acknowledge that it is our responsibility to transport our athlete to each regatta and to provide appropriate lodging for the trip. If the Club offers a bus or crew rooms for a regatta, we agree to turn in all forms and money due by the published deadlines. Should we be unable to transport our athlete, we will make arrangements with other Club families.
- ☐ We acknowledge that failure to return this form signed by both the Student Athlete and his/her Parent or Guardian with complete registration fee due renders the Student Athlete ineligible to be a member of Dublin Crew.
- ☐ We acknowledge that rowing is a team sport and attendance is mandatory. We acknowledge that there are consequences for missing practice and for being late to practice. We understand that if our school district calls a weather-related day, the Club may not.

High school rowing is a competitive varsity sport. Each season, Dublin Crew typically attends 2-6 regattas. The ultimate goal of each day of practice and each regatta competition is to take each individual competing shell to the national tournament in June of each year.

The very nature of this competition dictates that attendance at all practices is mandatory. If you will not be able to commit to attending all practices please discuss with your coach whether participation in this sport will be of value to you.

Please refer to the **Dublin Crew Registration & Fees Policy** document for all details related to fees, due dates, fee credits, and fundraising credits.

☐ **By checking this box, you acknowledge that the above information is complete and accurate.**

☐ Student Athlete _____

☐ Parent/Guardian _____

Date _____

Date _____



CODE OF CONDUCT

Portray Dublin Crew in a positive manner at all times.

- Demonstrate and uphold high standards of good sportsmanship at all times.
- Be punctual for practice and crew functions.
- Support others on the team at home and away races.
- Give proper respect to everyone, including coaches, parents, volunteers and teammates.
- Student Athletes must always adhere to instruction and discipline from any coach.
- Come to practice prepared to workout in appropriate clothing and running shoes.
- Use equipment as properly instructed. Follow rules of racing at all times.
- PRACTICE IS NOT OPTIONAL. Plan your schedule around practice times. Communicate with your coach immediately if you will miss practice. Absence must be approved in advance by your coach. Failure to do so will result in disciplinary action up to, and including, not competing in the next regatta.
- REGATTA AVAILABILITY IS NOT OPTIONAL. If you will be unavailable, FOR ANY REASON, you must discuss with your coach immediately upon notice of your unavailability. Student Athletes are not guaranteed a seat in the boat – you must earn the right to row at regattas.
- Obey the Travel Policy for away races.
- Do not possess or use narcotics, alcoholic beverages, drugs, controlled substances, tobacco products, dangerous weapons or instruments.
- No fighting, threatening, cheating, horseplay, vandalism, hazing, dishonesty or misrepresentation of the facts, stealing or violation of the rights of others.
- No use of obscene language or gestures.
- Adhere to all rules, regulations and policies of Dublin Crew, Inc. as well as local, state and federal laws.

Participant Rules of Conduct

It is your responsibility to familiarize yourself with these rules and the consequences of violating them. The rules apply to all Participants during practice sessions, regattas, travel to/from regattas, overnight stays and any Dublin Crew event, activity or fundraiser. All Dublin Crew athletes are expected to exhibit proper behavior and common courtesy before, during and after crew hours. This constitutes

Consequences of Misconduct

Consequences may include, but are not limited to: suspension of on-water activities and/or removal from a regatta roster; dismissal of a Student Athlete from Dublin Crew with or without a complete or partial refund of fees paid; and reporting to the proper authorities. Your possession of these rules constitutes a first warning. No further warnings will be given you. Discipline decisions are at the discretion of the Coaching Committee and/or Discipline Committee of Dublin Crew. Disputes may be appealed to the Executive Committee.

☐ **By checking this box, you acknowledge that you have read and understand The Code of Conduct and associated expectations.**

☐ Student Athlete _____
Date _____

☐ Parent/Guardian _____
Date _____

MEDICAL AUTHORIZATION FORM – TWO SIGNATURES **REQUIRED** ON THIS FORM

Season: _____

Participant Name: _____ Gender: _____

Home Address: _____ City: _____ Zip Code: _____

Name of High School: _____

List Health Concerns: _____

Known Allergies: _____ Current Medications: _____

LIST ONLY NAMES OF THOSE WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THE PARTICIPANT:

Mother Name: _____ Home or Work Phone Number: _____ Cell Number: _____

Father Name: _____ Home or Work Phone Number: _____ Cell Number: _____

Alternate Person Who Has Authority: _____ Best Contact Number: _____

► PLEASE CHECK ***ELTHER*** OPTION 1 OR OPTION 2 BELOW REGARDING EMERGENCY MEDICAL TREATMENT ◀

- ☐ **OPTION 1** In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of treatment deemed necessary by the preferred doctor indicated, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my athlete to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. I hereby consent for the following medical care providers to be called:

Preferred Physician and Phone: _____ Preferred Dentist and Phone: _____

- ☐ **OPTION 2** I do not give my consent for emergency medical treatment of the Participant. In the event of illness or injury, take the following action:

☐ **By checking this box, you acknowledge that the above information is complete and accurate.**

☐ Parent/Guardian _____ Date _____

► PLEASE CHECK ***ELTHER*** OPTION 1 OR OPTION 2 BELOW REGARDING INSURANCE VERIFICATION ◀

- ☐ **OPTION 1** Listed below is the insurance company and policy number of the contract we have in force which will pay the medical or surgical expenses that result from any injury, major or minor, that the above named participant may receive as a result of practicing or performing in rowing or all other activities related to rowing with Dublin Crew, Inc. This insurance will also cover the above named participant while traveling to or from practice sessions or scheduled events. We, the parents of the participant, agree to release Dublin Crew, Inc. its officers, coaches, volunteers, and participants or any other part thereof, from any obligations as pertain to financial responsibility in these matters for the rowing season listed above.

Insurance Company: _____ Policy Number: _____

- ☐ **OPTION 2** We hereby acknowledge that an accident insurance policy is not in force for our participant that will pay the medical or surgical expenses that result from any injury, major or minor, that the above named participant may receive as a result of practicing or performing in rowing and all other activities related to rowing with the Dublin Crew and/or while traveling to or from practice sessions or scheduled events. Since we do not have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result there from, we, the parents, agree to release the Dublin Crew, its officers, coaches, volunteers, and participants or any other part thereof, from any obligations as pertain to financial responsibility in these matters for the rowing season listed above.

☐ **By checking this box, you acknowledge that the above information is complete and accurate.**

☐ Student Athlete _____ ☐ Parent/Guardian _____
Date _____ Date _____

Release of Liability

IN CONSIDERATION of being given the opportunity to participate in any Dublin Crew, Inc. activity, including scheduled, supervised club activities, squad outings, and registered regattas, during the seasons for which I have completed all appropriate registration documents, 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 Releasee 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 Dublin Crew, Inc. 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 Dublin Crew, Inc. 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.

CLUB WAIVER

Season: _____

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.

Participant Name: _____

US Rowing # : _____

Address: _____

City: _____ State: OH Zip: _____

Phone Number: _____

Squad: _____

☐ By checking this box, you acknowledge that the above information is complete and accurate.

☐ Parent/Guardian: _____

Date: _____

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.

☐ By checking this box, you acknowledge that the above information is complete and accurate.

☐ Parent/Guardian: _____

Date: _____

☐ Student Athlete: _____

Date: _____

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 12/31/10-12/31/11, 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 Releasee 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 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. 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.

DublinCrewRegistration

US ROWING WAIVER



Season: _____

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.

Participant Name: _____

US Rowng # : us rowing

Address: _____

City: _____ State: OH Zip: _____

Phone Number: _____

Organization: Dublin Crew, Inc.

☐ By checking this box, you acknowledge that the above information is complete and accurate.

☐ Parent/Guardian: _____

Date: _____

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.

☐ By checking this box, you acknowledge that the above information is complete and accurate.

☐ Parent/Guardian: _____

Date: _____

☐ Student Athlete: _____

Date: _____