

Paid \$ _____
Check # _____
Date _____

Maritime Rowing Club

2018 SUMMER CAMP Registration Form

Rower's Name _____

Address _____ City: _____ State: _____ Zip: _____

Age: _____ Grade: _____ Date of Birth: _____

Guardian's Name _____ (wk /cell) _____

Email:

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Emergency Contact Name: _____

Phone (home and cell) _____

Please indicate any medical conditions _____

RECREATIONAL (CIRCLE ONE) Please indicate your weeks and times (one session per day):

\$2,200 **FOR ENTIRE SUMMER** (must sign up for all sessions at one time to receive the discounted prices below)

			9-11am	or	3-5 pm
\$260	1 week session	June 11 - June 16	_____		_____
\$500	2 week session	June 18 - June 22	_____		_____
\$760	3 week session	June 25 - June 29	_____		_____
\$1,000	4 week session	July 02 - July 06	_____		_____
\$1,260	5 week session	July 09 - July 13	_____		_____
\$1,520	6 week session	July 16 - July 20	_____		_____
\$1,780	7 week session	July 23 - July 27	_____		_____
\$2,000	8 week session	July 30 - Aug 03	_____		_____
\$2,200	9 week session	Aug 06 - Aug 10	_____		_____

A complete application includes the registration, waiver, an emergency medical, and signed junior rules and procedures in addition to a check for payment.

Make checks payable to: **WATER SPORTS CENTER, INC.**

Complete and mail to: Water Sports Center Inc., 35 Seaview Ave, Norwalk, CT 06855
or drop it off at the **Boathouse: 1 Moodys Ln, Norwalk, CT 06851**

Water Sports Center is a member of and is fully licensed by the USRowing Association.

CALL OR EMAIL FOR ALL CAMP INFO:

203-854-5492(BOATHOUSE) INFO@MARITIMEROWING.COM

****THERE ARE NO REFUNDS ONCE THE PROGRAM HAS BEGUN****

I certify that I, or my minor rower, is a competent swimmer and has passed basic swimming proficiency tests given by the American Red Cross, YMCA, or other similar organization.	
_____ Signature of Rower	_____ Signature of Parent or Guardian

Water Sports Center, Inc/Maritime Rowing Club/New Canaan High School Crew 2018 Junior Liability Waiver

In CONSIDERATION of being given the opportunity to participate in any Water Sports Center, Inc, Maritime Rowing Club and New Canaan High School Crew (collectively referred to as the "Club") rowing program activities ("Rowing Activities" or "Activity"), for the period of **January 2018 through December 2018**, 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 the water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such an 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 and inactions of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the Releases named below; (c) there may be others risks and social and economic losses either known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY OF 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 or participant of the Club and that, if I observe any condition 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, 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 otherwise, including negligent rescue operations, and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreements, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releases from any litigation expenses, attorney fees, liability, damage, or cost which may occur 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, notwithstanding shall continue in full force and effect.

I certify that I am a competent swimmer and have passed basic swimming proficiency tests given by the American Red Cross, YMCA, or other similar organization.

I hereby grant the Maritime Rowing Club to use my likeness in photographs/video in any and all its publications whether now known, or hereafter existing. I will make no monetary or other claim against MRC for the use of this material.

Signature of Participant

Signature of Guardian or Parent

Printed Name of Participant _____ Printed Name of Parent/Guardian _____

Address: (street, city, state, zip) _____

Phone: _____ Parent/Guardian Signature _____



IN CONSIDERATION of being given the opportunity to participate in any NORWALK RIVER ROWING ASSOCIATION ("NRRRA") activities until the end of this calendar year, 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. FULLY UNDERSTAND that: (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, drowning, 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 names 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/or 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, NRRRA, 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 on of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or allege 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.

Swimming Statement

I certify that _____ is a competent swimmer and has passed basic swimming proficiency tests given by the American Red Cross, YMCA or other organization.

Photo Release

I, _____, hereby grant Norwalk River Rowing Association (NRRRA) permission to use my likeness/my child's likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by NRRRA, in perpetuity, and for other use by NRRRA. I will make no monetary or other claim against NRRRA for the use of the photograph(s)/video.

I have read this agreement, fully understand its terms, understand that 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.

Printed Name of Parent/Guardian: _____ **Date:** _____

Address: _____ **Phone:** _____

Parent/Guardian Signature (only if participant is under the age of 18): _____

Maritime Rowing Club/New Canaan Crew Emergency Medical Authorization

Participant: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

I authorize the coaches of the Maritime Rowing Club to make decisions to proceed with any emergency medical treatment deemed necessary, provided that reasonable attempts to contact me, or any other contacts listed, have been made. The coaches have my permission to give over-the-counter medications stocked in the medical training kit. Initials _____

Medications currently being taken: _____

Are there any medical conditions that the Maritime Rowing Club should be aware of?

Emergency Contact Information _____
 (if parent is not available) Name home # cell #

Physician: _____
Name/Telephone

Address: _____
Street
City
State
Zip

Dentist: _____
Name/Telephone

Address: _____
Street
City
State
Zip

Insurance: _____
Name of Insurance Provider
Policy Number
Telephone

PO Box or Street Address,
City
State
Zip

Parent's Signature **Home #** **Cell#** **Work#**