

Veteran – Spring Crew 2017

Student:

Name _____

Email _____

School _____

Cell _____

- Gluten Free
- Vegan
- Vegetarian
- Food allergy: _____
- Inhaler
- Other: _____
- Separate Households
- Preferred Side:** _____
(Port / Starboard / Either / cox)

Parent/Guardian:

Name _____

Email _____ Cell _____

Parent/Guardian:

Name _____

Email _____ Cell _____

Crew Fee: \$550 (\$500 participation fee + \$25 StrongBodies fee + \$25 Fitness Success fee)

Full Payment
We will send you an invoice via email for 1 online payment from an account of your choice

Payment plan: 3 payments of \$184
We will send you an invoice via email for 3 online payments from an account of your choice

Request for Scholarship
Please submit the scholarship request form by **Tues, March 1** (postmarked). Mail the form to Amy Smith, 19 Kellogg St., Portland, ME 04101, or email to amybwsmith@gmail.com

Uniform

\$45 Race shirt (required) **Size:** S M L XL \$ _____

\$75 Crew Jacket (optional) **Size:** S M L XL \$ _____

Name on sleeve: _____

\$10 Blue Crew T-shirt (optional) **Size:** S M L XL \$ _____

Name on back: _____

Yarmouth Crew Code

Updated 1/29/2017

Safety

I understand that safety is the most important consideration in this sport. I will:

- Understand and abide by all safety rules.
- Always stay with an overturned boat and teammates and do my best to remain calm until a launch arrives.
- Give undivided attention to, listen to, and immediately respond to the commands of the Coxswain at all times (land and water). The only time the Coxswain is not in charge is when a coach explicitly takes over.
- Dress appropriately for current and changing weather conditions. Never wear any cotton on the water; always wear warm socks and dress in layers.

Respect & Commitment

I understand that my teammates and the adult volunteers devote a tremendous amount of time, energy, and other resources to make this experience and community exceptional. I will:

- Always show up on time for a practice, race, or other team event when I've committed to it.
- Focus, listen to, and acknowledge all instructions from coaches and coxes.
- Never bring personal issues, criticisms, or grudges to practice; always treat everyone with respect.
- Treat all equipment with the utmost care and respect. The equipment is expensive, prone to damage, and relied upon by dozens of individuals.

Communication & Flexibility

I understand that this is a logistically complicated sport and is at the mercy of myriad changing weather, equipment, and personnel conditions. I will:

- Always make sure the coaches know of an unexpected absence. I will give 24 hours' notice via email; if the coach doesn't confirm I will call his/her cell. For less than 24 hours' notice I will call the cell and leave a message or talk directly to the coach. I will not ask a teammate to relay this information.
- Check email at least 3 times/day and reply immediately with complete answers to every question.
- Always be willing to do whatever is asked of me for a particular practice, race or event. I understand that I may not participate in an event as planned in advance (e.g., row a different side, seat, boat, team).

Academics and Behavior

I understand that while Crew is not a school sport, I am bound by the same expectations and consequences as the Yarmouth Extracurricular Code of Conduct.

Fun

I understand that attitude is everything. The hallmark of this team has been its ability to keep a positive outlook, enjoy each other, and balance work and play to create an experience that's fun for everyone involved. I'm committed to making sure the tradition continues.

Crew Member's Name

Crew Member's Signature

Date

Yarmouth Rowing Club Waiver

IN CONSIDERATION of being given the opportunity to participate in the Yarmouth Rowing Club program, including but not limited to the opportunity to use the boats provided under the program and to the Club facilities at the Even Keel Marina ("Activity") until the end of this calendar year 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 Releases 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 USRowing, the Yarmouth Rowing Club, Casco Bay Rowing, Even Keel Marine Specialties, Inc., 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 expenses, attorney fees, loss, liability, damage, or cost which 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, notwithstanding, shall continue in full force and effect.

Printed Name of Participant:

Address: _____
STREET

CITY STATE ZIP

Phone: _____ Date: _____

Participant's Signature (only if age 18 or older)

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 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, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian:

Address: _____
STREET

CITY STATE ZIP

Phone: _____ Date: _____

Parent's Signature (only if Participant is under age 18)

Insurance Information for Athletes

Student's Name: _____ Sex: M / F

Date of Birth: _____

Address: _____

Insurance Company Name:

Insurance Company Address:

Certificate Number: _____

Group: _____

Type: _____

Policy Holder: _____

Relationship to Student: _____

Employer of Policy Holder:

Date: _____

Parent's Signature: _____

Preparticipation Physical Evaluation

**HISTORY
FORM**

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal physician _____
In case of emergency, contact
 Name _____ Relationship _____ Phone (H) _____ (W) _____

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply):
<input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur
<input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection | | |
| 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
- | | | | | | | | |
|------------|------------|----------|-----------|-------|-----------|--------------|-----------|
| Head | Neck | Shoulder | Upper arm | Elbow | Forearm | Hand/fingers | Chest |
| Upper back | Lower back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot/toes |
20. Have you ever had a stress fracture? Yes No
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Yes No
22. Do you regularly use a brace or assistive device? Yes No
23. Has a doctor ever told you that you have asthma or allergies? Yes No

- | | Yes | No |
|--|--------------------------|--------------------------|
| 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

FEMALES ONLY

47. Have you ever had a menstrual period? Yes No

48. How old were you when you had your first menstrual period? _____

49. How many periods have you had in the last year? _____

Explain "Yes" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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**Yarmouth Rowing Club
Youth Program Financial Aid Application**

Yarmouth Rowing Club (YRC) seeks to assure that all youth rowers have the opportunity to participate, regardless of financial means. To that end, YRC has created a limited financial aid program to help defray partial program costs. All information provided on this application is confidential, and will be reviewed only by the YRC Financial Aid Committee, chaired by Amy Smith, Treasurer.

Please print when completing this application and send it in by **3/1/2017** via either email to **amybwsmith@gmail.com** or snail mail to:

Amy Smith
19 Kellogg Street
Portland, ME 04101

Rower/Coxswain Name: _____ Date of Birth _____

Parent/Guardian Name: _____ Email: _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Mobile Phone: _____

Mother's (guardian's) occupation: _____

Father's (guardian's) occupation: _____

Amount that you can contribute

In order to allocate our financial aid to as many individuals as possible, we ask that participants be responsible for a portion of his/her program fees. Please indicate the amount that you are able to contribute:

Statement of need

Below or on the back of this form please explain your situation and why your household monthly income does not meet your monthly needs. Include any special circumstances, such as supporting separate households.

[] I warrant that all information provided with this application is true and accurate (check box if you agree)

Signature of parent/guardian

Today's Date

CONSENT FOR EXERCISE PROGRAM - CREW

Exercise Objectives: The purpose of an exercise program is to develop and maintain cardiovascular (aerobic) fitness, muscular strength and endurance, and flexibility. These recommendations follow industry standards and should be conducted under the supervision of a trainer with a minimum of a national certification.

Procedures: A structured exercise program based on individual needs (obtained fitness assessment information), interests, and/or physician's recommendations will be given to each participant. Exercises may include aerobic activities (treadmill walking/running, cycling, rowing machine, group exercise activity, swimming, and other such activities), weight lifting to improve muscular strength and endurance, and a stretching program to improve joint range of motion. All aerobic programs involve proper warm-up, exercise at target heart rate, cool down components and follow the American College of Sports Medicine (ACSM) recommendations.

Potential Risks: All exercise programs/testing are designed to place a gradually increasing workload on the cardiorespiratory and musculoskeletal systems in order to affect improvements. The body's reaction to gradually increasing exercise intensity cannot be predicted with complete accuracy. Unusual changes during or following an exercise session may occur. These may include muscular or joint injury, abnormal blood pressure, fainting, disorders of heartbeat, and/or rare instances of heart attack, stroke or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercise/testing.

Benefits: Benefits obtained from a structured, regularly employed exercise program may include a more efficient cardio-respiratory system, a reduction in blood pressure, an improved musculoskeletal system, a decrease in body fat, improvement in lipid profile, improvement in psychological function, and a decrease risk in heart disease and other diseases.

Supervision: Your trainer is not responsible for injuries and/or damages that occur when the individual(s) are not supervised during exercise and/or activities performed alone.

Inquiry and Freedom of Consent: I have read the foregoing and understand the objectives, procedures, potential risks and benefits, supervision issues, and confidentiality involved. Unless otherwise indicated under the "comment" section below, I certify that I am in good health and have no condition that would limit or prohibit my participation in a structured exercise program. I understand that if there are any questions about the procedures or methods used during an exercise session I should ask my trainer. I realize that injury may result from improper exercise techniques or misuse of exercise equipment. I agree to be attentive to all instructions given to me and to exercise and use facility equipment correctly. I assume responsibility for monitoring my own condition throughout the exercise program and should any unusual symptom(s) occur, I will cease my participation and inform my trainer. I shall also notify my trainer of any changes in my medical status. I consent to the administration of any immediate resuscitation measures deemed advisable by my trainer or other qualified personnel.

Name of Student: _____

Questions/Comments: *Please note any exercise-related issues that Theresa should be aware of such as exercise-induced asthma/inhaler, vagal response, physio tape, etc.*

I have read and understand the above information and voluntarily consent to participate in a structured exercise program. I realize that I am free to terminate the exercise program at any time.

Date

Signature of Parent or Guardian if under 18

STRONG BODIES LLC
PARENT AND MINOR CLIENT
WAIVER, RELEASE, AND ASSUMPTION OF RISK FORM

We (parent and minor client) understand that this physical fitness program is individually tailored to meet the goals and objectives agreed upon by the personal trainer, client, and parent. We acknowledge and agree that no warranties or representations have been made to us regarding the results that the minor client will achieve from this program. We understand that results are individual and may vary.

We recognize that exercise may be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. We acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and, in rare instances, death.

We recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. We understand that should we choose not to obtain a physician's permission prior to the minor client's beginning this exercise program with Strong Bodies LLC, we agree that we are doing so at our own risk.

In any event, we acknowledge and agree that we assume the risks associated with any and all activities and/or exercises in which the minor client participates.

In consideration of Strong Bodies' agreement to instruct, assist, and train the minor client, we do here and forever release and discharge and hereby hold harmless Strong Bodies LLC, Sparhawk Mill Associates, and their respective agents, heirs, assigns, contractors, and employees, including homeowners or businesses whom host classes and training sessions, from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with the minor client's participation in this or any exercise program, including any injuries resulting therefrom. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, OR DROPPING OF EQUIPMENT; (3) ANY SLIPPING, FALLING, OR OTHER INJURY WHILE ON THE PREMISES OF THE SPARHAWK MILL; AND (4) STRONG BODIES' NEGLIGENT INSTRUCTION, TRAINING, SUPERVISION, OR DIETARY RECOMMENDATIONS.

We acknowledge that we have thoroughly read this waiver and release and fully understand that it is a release of liability.

Minor Client's Signature

Parent of Minor Client

Please Print Name

Please Print Name