

# Veteran – Fall Crew 2018

## 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: \$480 - Fee must be paid before you can row.

**Full Payment** may be made by check (*made out to Yarmouth Rowing Club – the preferred method*) or Visa or Mastercard credit or debit card. We will have Square Readers at Fall Sports Info Night. You can also mail a check to Chris by **Monday, August 27**. See address below.

**Request for Scholarship**  
Please submit the scholarship request form by **Monday, August 20**. Mail the form to Chris Coughlan, 329 Front St., Bath, ME 04530, or email to [chris@yarmouth-rowing.org](mailto:chris@yarmouth-rowing.org)

## Uniform *(if you still have a racing shirt from Spring '18, you do not need a new one.)*

**\$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:** \_\_\_\_\_

**Total:** \$ \_\_\_\_\_



## **Yarmouth Crew Code**

Updated 8/9/18

### **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

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):<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur<br><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 of 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 tendinitis, 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 \_\_\_\_\_

**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 Robert Checkoway, Treasurer.

Please print when completing this application and send it in by **8/20/2018**

Email to [chris@yarmouth-rowing.org](mailto:chris@yarmouth-rowing.org)

snail mail to: **Chris Coughlan, 329 Front St., Bath, ME 04530**

Rower/Coxswain Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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