

Bucks County Rowing Association Summer Sculling Clinic

Registration Form

Athlete's Name: _____ Athlete's Email: _____

PARENT'S Email Address: _____ Home Phone: _____

Age (must be 13-18 years old by the start of camp): _____

Height (Feet' Inches"): _____ Grade in school (beginning fall 2009): _____

Street Address: _____

City: _____ State: _____ Zip: _____

T-Shirt Size (circle): S M L XL

Please rate your experience/rowing ability:

___ Experienced (rowed in sweep or sculling boats for 2+ years)

___ Novice (never rowed or limited experience)

Emergency Contact Information #1

Name: _____

Relationship to athlete: _____

Daytime Phone: _____

Evening Phone: _____

Emergency Contact Information #2

Name: _____

Relationship to athlete: _____

Daytime Phone: _____

Evening Phone: _____

Space is limited therefore please rank your preferred date and session (ie. 1,2,3 or 4)

Date	1-3 pm	3:30-5:30 pm
June 22-26	_____	_____
July 6-10	_____	_____
July 27-31	_____	_____
Aug10-14	_____	_____

Please Complete

- Registration form
- 3-page Waiver
- Swim test form

Send forms and \$50 non-refundable check to **BCRA Summer Clinic, 36 Terrell Drive, Washington Crossing ,PA 18977**

Bucks County Rowing Association Summer Sculling Clinic 2009 Waiver

Please complete this 3-page waiver and include with Registration Form:

Participant's Name:

MEDICAL TREATMENT AUTHORIZATION

I/We being the legal guardian(s) of the above applicant, authorize the Bucks County Rowing Association Summer Sculling Clinic and its agents permission to request medical treatment as necessary to insure the well being of the applicant.

(Parent or Guardian Signature)

Bucks County Rowing Association Summer Sculling Clinic Waiver,

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In CONSIDERATION of being given the opportunity to participate in the Bucks County Rowing Association Summer Sculling Clinic, 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 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. **I FURTHER UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR DAMAGE TO CLUB EQUIPMENT NOT OTHERWISE CAUSED BY NORMAL WEAR AND TEAR.**
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part in the above-mentioned event, and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will immediately 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, Bucks County Rowing Association Boat Club, their administrators, directors, Board members, agents, officers, volunteers and employees, other participating 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's expenses, attorney fees, loss, liability, damage, or cost 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, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____

Address: _____

Phone: _____

Email: _____

Signature and date (only if age 18 or over) _____ date _____

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PARENTAL/GUARDIAN CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of rowing activities and 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, 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.

I approve of my child's attendance at the Bucks County Rowing Association Summer Sculling Clinic and certify that s/he is good health and able to participate in the program activities. I am/am not (circle one) attaching a statement explaining special physical limitations and/or required medication. I certify that this form has been completed accurately.

I understand the nature of rowing and swimming activities and the minor/my experience and capabilities and believe the minor/myself 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 Bucks County Rowing Association, its administrators, directors, Board members, agents, officers, volunteers and employees, other participating 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 any all liabilities, claims, demands, losses, damages, costs, expenses, actions or causes of actions of every nature, character and description (the "Claims"), arising from, related to or in connection with the minor's participation in the Bucks County Rowing Association Summer Clinic program, including, without limitation, Claims 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, attorney fees, loss liability, damage or cost and may occur as the result of any such Claim.

Printed Name of Parent or Legal Guardian: _____

Address: _____

Signature of Parent or Legal Guardian:

_____ Date: _____

Bucks County Summer Sculling Clinic 2009

Swim Test Form

Please complete and include with Registration Form, Waiver, and Medical History Forms.

Please have a certified lifeguard sign below.

Participant has met the following requirements:

1. Is able to swim 100 yards non-stop, any stroke, AND
2. Is able to tread water non-stop for a minimum of 5 minutes.

I certify that _____ has

(Name of Participant)

completed and passed the swim test above.

Lifeguard Name: _____

Lifeguard Signature: _____

Date: _____