

Boston Sculling

Summer 2014 Program Registration

Boston Sculling is open to all female rowers and scullers who wish to improve their technique, fitness and racing skills in a small team setting, and who meet the standards set by the coaching staff. The racing program prepares scullers for national and international level competition. Racing requires a high degree of individual commitment. Further information can be found on our website: <http://www.bostonsculling.org>.

U23 -- \$350 (does not cover regatta fees, uniforms, or other gear)

This completed registration form, refundable deposit, and swim test card should be mailed **on or before 5 April 2014** to

Brian Dawe
159 College Avenue #2
Somerville MA 02144

Please make checks payable to "Boston Rowing Club".

Participant Information:

Full Name _____ Date of Birth _____

Street Address, Apt # _____ US Rowing # _____

City, State, Zip _____

Phone _____ Email _____

JLRacing unisuit sizing: (XS, S, M, L, XL) Top _____ Bottom _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Coach Information:

Full Name _____ Phone _____

School or Club _____ Email _____

Health Information:

Date of most recent physical exam: _____

Name of doctor/facility performing exam _____

(Please mail a copy of your most recent physical exam on or before 1 June 2014)

Do you have any physical disorder or health condition (such as asthma, diabetes, heart problems, seizures, or back, joint or muscular problems) or any other condition that may affect your ability to row safely, or that our coaches should know about? Please circle one:

NO YES – please explain:

Representations, Release, and Indemnification:

I understand that my participation involves rowing in an open craft in a physically demanding activity where there are inherent and other risks and dangers, including bodily injury, personal injury, disability, death, and other loss (“Damages”). I further understand that such Damages may be caused by my action, inaction, or negligence or that of any of the Releasees (as defined below) or others. In addition, I understand that certain on-shore activities such as, but not limited to, carrying boats, may also pose risk of such Damages. My decision to participate in this program is made by me in full recognition of these risks and is entirely voluntary. I represent that I am in adequate physical condition to participate in these activities, that I will not use any boat unless I am able to swim safely under the prevailing conditions, and that I will notify my coaches and anyone supervising my participation if I have or if I develop any condition that may affect my ability to participate in these activities without posing a danger to my health or safety or the health or safety of others. I agree to and will adhere to all rules of the Boston Rowing Club and Boston Sculling and in addition all rules announced by my coaches and anyone supervising my participation.

In consideration of your acceptance of this application, I hereby agree for myself, my executors, administrators, and assignees to release my supervisors and coaches of this program and Boston Rowing Club, Boston Sculling, Tufts University, their officers, employees, representatives, successors, agents, and assignees (“Releasees”) and each of them of and from all liability and Damages resulting from or that relates in any way to my participation in this program and my use of any facilities or property relative thereto (“Claims”). I further agree to indemnify and hold harmless Releasees and each of them from any and all liability and Damages (including attorneys’ fees) on account of Claims.

Signature of Participant

Date

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Summer 2014 Program Swim Test

Participant instructions:

Completed Swim Test Card should be submitted before the first day of on-the-water training. You can make arrangement through a local swim program or pool to have this test administered by a certified lifeguard or water safety instructor.

Note: Some pools charge a fee for this test; please check before you go.

Swim Test Card

To be completed by a certified lifeguard or water safety instructor (Observer):

Name of Participant:

Name of Observer:

Title of Observer:

Name of Pool:

Phone Number of Pool:

Swim Test Certification:

I hereby certify that the above-named person can swim 100 yards in a competent manner and can remain afloat for at least ten minutes.

Signature of Observer:

Date: