



We appreciate you taking the time to fill out this form and getting it back to us prior to your arrival. It will help us make sure that you are boated appropriately. We look forward to rowing with you!

| Personal Information | |
|----------------------|--|
| Name | |
| Age/Pronouns | Age: _____ Pronouns: _____ |
| Boat Weight | Lightweight ____ Midweight ____ Heavyweight ____ |
| Email | |

| | |
|--|---|
| Please tell us about your current rowing level at this time. <small>Please note this is for your level now, so if it has been many years since you have been in a boat but you have previous experience you may not be ready for a competitive practice</small> | Beginner ____ Intermediate ____ Advanced ____ Competitive ____ |
| Do you sweep? _____ | Do you scull? _____ |
| How many years have you actively rowed? | |
| How long has it been since you last rowed on a regular basis? | |
| Please describe your experience | |
| Are you a current club member elsewhere? If so, where? | |
| Will you be a short term guest (One week or less) or long term guest (Longer than one week)? | _____ |
| Please list the dates you will be guest rowing with us. | |



Declaration of Swimming Ability for Adult Participants of Northampton Community Rowing

The risks of drowning while participating in any rowing-related activity are minimal, yet possible. Therefore, prior to participation in NCR programming, the following attestation must be submitted.

IN CONSIDERATION of being given the opportunity to Participate in any Rowing and Training activity, for my personal representatives, assigns, heirs, next of kin, and myself:

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; that I am a proficient swimmer; and that I can at a minimum:

- Swim any stroke or combination of strokes for 100 yards.
- Tread water for an additional uninterrupted 5 minutes.
- Demonstrate the ability to put on a life jacket correctly while in the water.

2. I FULLY UNDERSTAND that: (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death. 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 named below; 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.

I attest that I can complete the swim test as described above.

Participant Name: _____

Participant Signature: _____

Date: _____

This form will be kept on file with the Club, does not expire, and is valid for future classes and club membership.



NORTHAMPTON COMMUNITY ROWING

PO Box 1553 Northampton, MA 01061 | www.northamptoncommunityrowing.org

Medical/Emergency Information and Waiver of Liability and Parental Consent Form

Date: _____

Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

EMERGENCY CONTACT INFORMATION

Contact: _____ Relationship: _____ Phone# _____

Contact: _____ Relationship: _____ Phone# _____

MEDICAL INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Date of Last Tetanus: _____

List any known allergies: _____

List medications: _____

List any pre-existing medical conditions or miscellaneous information we should be made aware of: _____

Any additional considerations that you would like us to know that would help us with coaching your rower? _____



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I/We the registrant, parents or guardians of the above named person hereby give my/our approval to their participation in any and all of the activities of Northampton Community Rowing (NCR). I/We are aware that participation could cause cardiovascular harm or injury to the above named person up to heart attack or even death. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless NCR and persons transporting the above named person. I/We certify that all known physical defects pertaining to the above applicant have been enumerated.

Registrant/Parent/Guardian Signature

Date

I authorize the coaches of the Northampton Community Rowing 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.

Registrant/Parent/Guardian Signature

Date

I hereby grant and authorize NCR the right to publish the photographs taken of me, and my name, for use in printed publications and websites. I acknowledge that since my participation in publications and websites produced by NCR is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by NCR confers upon me no rights of ownership whatsoever.

Registrant/Parent/Guardian Signature

Date