



## UNIVERSAL STUDENT INFORMATION & PERMISSION SLIP

(Version February 2011)

### PERSONAL INFORMATION

My child has my permission and support to participate in Row New York from the signature date on the last page until s/he has withdrawn from the program in writing. I understand that during the years that my child is a member of Row New York, s/he may be involved in one or more of the following activities, including, but not limited to, rowing on Meadow Lake; indoor training at the YMCA, at the Row New York office, and Sarah Lawrence College; competing in regattas and participating in college and business/corporate visits in and outside of New York State; academic sessions at Row New York's offices; and swim test and swim lessons.

Student Name: \_\_\_\_\_

Street Address/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In the future, I would prefer materials in Spanish

Your Race/Ethnicity (used for statistical purposes)

- Black  
 Central, East, Southeast Asian  
 Hispanic/Latin  
 Middle-eastern, Persian, Arab and other Semitic (incl. North African Arab)  
 Native American  
 Pacific Islander (Native Hawaiian/Polynesian, Micronesian, Melanesian)  
 South Asian  
 Other Oceanic (Australian Aboriginal)  
 White (Non-Hispanic)  
 Other, please list: \_\_\_\_\_

Were you born in the United States (used for statistical purposes)? YES  NO

If not, where were you born? \_\_\_\_\_

Was your mother born in the United States (used for statistical purposes)? YES  NO

If not where was she born? \_\_\_\_\_

Was your father born in the United States (used for statistical purposes)? YES  NO

If not where was he born? \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# (work): \_\_\_\_\_ Phone# (home): \_\_\_\_\_

Phone# (cell): \_\_\_\_\_ Parent's Email \_\_\_\_\_



### 2011 FEE INFORMATION

Row New York middle school programs are free for athletes whose families earned between \$0 and \$99,999 in adjusted gross income (line 37 of Form 1040 of tax year 2009). Families who earned \$100,000 or more in adjusted gross income in 2009 must pay \$200 for the Spring 2011 Middle School Season. Currently, we are not requesting documentation of your earnings. We reserve the right to request documentation in the future for past years, so please help us keep the registration process simple by being honest!

#### Spring 2011 (March 2 – May 28)

Income Level	Fee
\$0 - \$99,999	NONE
\$100,000 or more	\$200*

Please check one box.

- In 2009, my family had between \$0 and \$99,999 in adjusted gross income (line 37 of form 1040).
- In 2009, my family had \$100,000 or more in adjusted gross income (line 37 of form 1040).

\*Payment is due before student may participate.



**MEDICAL HISTORY INFORMATION**

Does your child have any medical problems (i.e. diabetes, asthma, seizure disorder, etc.)? YES  NO

If YES, list medical problem(s) \_\_\_\_\_

Does your child take any medication? YES  NO

If YES, list medication(s) with dosages and frequency of dosage: \_\_\_\_\_

Does your child have any allergies? YES  NO

If YES, list allergies: \_\_\_\_\_

(The purpose of the above listed information is to ensure that medical personnel have details of any medical concern which may interfere with or alter treatment)

Has your child suffered any injuries in the last 18 months? YES  NO

If YES, please describe the injury and your child's current condition: \_\_\_\_\_

Does your child have any limitations on the types of activities in which he or she may be involved?

YES  NO  If YES, list limitation(s): \_\_\_\_\_

Will these medical problem(s), your child's use of medication, allergies, injuries, etc. affect your child while he/she is rowing or swimming? YES  NO  If YES, please explain: \_\_\_\_\_

If YES, what precautions should be taken while your child is participating in rowing or swimming? \_\_\_\_\_

Does your family have any history of heart problems at a young age (if yes, please describe)? \_\_\_\_\_

Is there anything else that you feel Row New York, Inc. should know about your child's health condition? Please explain: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Does your family have insurance? YES  NO

Does your family have Medicaid/Medicare? YES  NO

Name of Insurance Carrier: \_\_\_\_\_ Plan or Policy No. \_\_\_\_\_



**PHOTO RELEASE, REPORT CARD RELEASE, AND LIABILITY WAIVER**

Routine videography and photography taken during practices and at races are sent on to potential funders and the media to build support for Row New York. The student noted below and his/her parent/legal guardian give Row New York permission to use photos of the student in materials that promote Row New York. This may include brochures, newspapers, the Internet, magazines, or television. The student noted below and his/her parent/legal guardian give Row New York permission to take a photo of the student to be used in his/her Flushing YMCA identification card. In order to help our participants excel in school and prepare for college, we ask that the Row New York Academic Director have access to your child's report cards. Report cards will NOT be shared with ANY outside sources. The student noted below and his/her parent/legal guardian give Row New York permission to request and review the student's report cards.

The student noted below and his/her parent/legal guardian shall save Row New York, Row New York officers, directors, employees, and agents and the participating rowing facility harmless against any and all injury, loss, or damage and any and all claims for injury, loss, or damage or whatever nature (1) resulting from the student's participation in Row New York or (2) in connection with the student's use of the rowing facility, equipment, or premises where these practices and competitions take place.

I hereby give my child permission to participate in any and all programs associated with Row New York Incorporated including but not limited to Row New York, Inc.'s rowing-related, education-related, reproductive health-related, and guest speaker programs and field trips related thereto.

Row New York, Inc. regularly utilizes vans and/or cars to transport participants to practices, races, field trips and other events. At present, your permission is requested below for your child, to be transported either (i) with the entire team to these events in the vans and/or cars used by Row New York, Inc. for transportation to these events or (ii) in the event that vans and/or buses do not have the capacity to transport all the rowers, with one of our Volunteer Coaches in a private automobile.

With my signature below, I hereby give my permission to have my child participate in the various practices, races, and field trips in which Row New York, Inc. routinely participates throughout New York City and surrounding areas and to be transported to such events via the vans and/or cars used by Row New York, Inc. for such purposes or via the private automobile of a Volunteer Coach.

With my signature below, I hereby give my permission to Row New York, Inc. Incorporated ("Row New York, Inc. ") to give consent on my behalf in the event of the need for the emergency administration of medical treatment which Row New York, Inc. , in its sole discretion, believes to be necessary and appropriate, including, without limitation, treatment by trained First Aid personnel, Emergency Medical Technicians, First Responders, Paramedics and Emergency Room Physicians. In consideration of Row New York, Inc., permitting my child to participate in Row New York, Inc. activities and programs, I hereby release, discharge and agree to indemnify and hold harmless Row New York, Incorporated, its directors, organizers, sponsors, coaches, staff, volunteers and agents from any and all claims, liabilities or caused of action arising out of such treatment and with respect to the exercise of its judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medications and medical limitations on activities), which would be necessary for the proper care of my child. I agree to pay, and to assume responsibility, for all medical expenses incurred in the treatment of my child.

\_\_\_\_\_  
Signature

For: \_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Name (printed)

\_\_\_\_\_  
Date

# Release of Liability

Fax: 609-924-1578



IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, during the policy term 12/31/10 – 12/31/11, I, for myself, my personal representatives, assigns, heirs, and next of kin.

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.

2. I 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 Release 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. I AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of USRowing 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. I HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, the Regatta, 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 Releasee 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 any may incur as a result of such claim, to the fullest extent permitted by law.

PLEASE DO NOT CHANGE OR ALTER THE WORDING ON THIS WAIVER WITHOUT PRIOR APPROVAL FROM USROWING

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:**

\_\_\_\_\_

USRowing # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

## PARENTAL CONSENT

(if participant is under the age of 18).

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 Releasee, 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, to the fullest extent permitted by law.

**Printed Name of Parent/Guardian:**

\_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (only if participant is under the age of 18): \_\_\_\_\_

\_\_\_\_\_

This is THE USRowing Release of Liability, which should be copied for your use.