



REGISTRATION FORMS CHECKLIST

ATHLETE'S NAME: _____

DATE: _____

Members enrolling in Long Island Rowing are also required to become members of Sagamore Rowing Association.

The following Long Island Rowing and Sagamore Rowing forms must be completed and submitted with the appropriate fees, to the address identified on the Registration Fee Schedule.

Please check each box below when you complete the appropriate form and attach this completed Registration Forms Checklist to your registration packet.

LONG ISLAND ROWING FORMS

- Registration Forms Checklist – page 1
- Registration Fee Schedule – page 2
- Membership Application – page 3
- Regatta Attendance Confirmation – page 4
- Medical Information – page 5
- Uniform Order – page 6
- Release of Liability (Parent and member athlete must sign) – page 7

SAGAMORE ROWING ASSOCIATION FORMS

- Sagamore Membership Application – page 8
- Sagamore Code of Conduct – page 9
- Sagamore / US Rowing Release of Liability (Parent and member athlete must sign) – page 10



REGISTRATION FEE SCHEDULE

ATHLETE'S NAME: _____

LI Rowing Crew Registration Fees

1) **Season Registration Fee**..... \$ 600.00..... \$ 600.00

New Member - Sagamore Rowing Association
Annual Membership Fee (INCLUDED)

2) **Uniform** \$ _____

Total..... \$ _____

Please make one check payable to: Long Island Rowing

Please select the number of training days and program you wish to participate in.

5-Day Training Program

3-Day Training Program

**Please mail your completed 'Forms Registration Packet' and
Registration Fee check to:**

Ms. Laura Caderas
Long Island Rowing
11 Tanager Lane
Northport, NY 11768



MEMBERSHIP APPLICATION

PLEASE FILL IN ALL FIELDS – IF NONE ENTER “NONE”

MEMBER / ATHLETE INFORMATION

DATE: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Athlete's Date of Birth: ____/____/____

School: _____

Grade (current/entering): _____

Mother/Guardian's Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Occupation: _____

Father/Guardian's Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Occupation: _____

TELEPHONE / CONTACT INFORMATION

Athlete's Information

Home: _____

Cell: _____

Business: _____

Email: _____

Mother/Guardian's Information

Home: _____

Cell: _____

Business: _____

Email: _____

Father/Guardian's Information

Home: _____

Cell: _____

Business: _____

Email: _____

ROWING INFORMATION

ROWERS HEIGHT: ____ FT ____ IN ROWERS WEIGHT: _____ LBS

Rowing seasons you will participate: Fall Winter (indoor) Spring

Other Athletic Experience (if any – list all sports by seasonal participation): _____

PARENT INFORMATION

Our Clubs existence depends on the volunteer participation of our athlete's parents. Please get involved by volunteering for one or more of the following areas that are so vital to the continuation of our programs.

- Fund Raising Promotion / Publicity Web Site Maintenance Regatta Food/Meal Support
 General Administration Equipment Maintenance / Repair Car Pool Drivers

Please list occupation and interests that can be helpful to the Club: _____

By accepting membership in Long Island Rowing Club, we agree to abide by the Rules and Code of Conduct of the Club published on the Long Island Rowing Web site at www.LIrowing.org.

By signing this document I confirm that the Member/Athlete identified on this Membership Application is a proficient swimmer capable of swimming a minimum of 100 yards and able to tread water unassisted for a minimum of 15 minutes.

Member/Athlete

Signature: _____

Name: _____

Date: _____

Parent/Guardian

Signature: _____

Name: _____

Date: _____



REGATTA ATTENDANCE CONFIRMATION

ATHLETE'S NAME: _____

DATE: _____

Long Island Rowing will participate at the following Regattas during the Spring 2010 season. Varsity members MUST attend these Regattas and non-varsity members may be selected to participate as well.

All LIRC members must confirm your availability to attend these Regattas by checking the appropriate box below.

2010 SPRING REGATTA SCHEDULE

**Athlete
Availability**

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Sat	04/17/10	Mercer Lake ISA / Sculling Championships	Mercer County Park, Princeton, NJ
<input type="checkbox"/>	<input type="checkbox"/>	Sat	04/25/10	William & Sarah Cooper Cup	Cooper River Park, Cherry Hill, NJ
<input type="checkbox"/>	<input type="checkbox"/>	Sun	05/02/10	Long Island Junior Rowing Championships	Oyster Bay, NY
<input type="checkbox"/>	<input type="checkbox"/>	Sat/Sun	05/08 -05/09/10	NY State Championships	Saratoga, NY

By signing this document I confirm that the Member/Athlete identified will be available to attend the Regattas indicated.

Member/Athlete

Parent/Guardian

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____



MEDICAL INFORMATION

ATHLETE'S NAME: _____ **DATE:** _____

HEALTH INFORMATION: Please identify any special attention required. If none, please write "none".

Medical Conditions	Allergies	Drug Reactions
Convulsions _____	Asthma _____	Specify _____
Diabetes _____	Insect Stings _____	_____
Other _____	Food (specify) _____	_____

Medications Carried / Used (indicate which)	Date of Immunization
Inhalers (specify) _____	Tetanus Toxoid _____
Epi-Pen _____	Eye Glasses Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Benadryl _____	Hearing Aid Required <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION

Physicians Name: _____	Phone Number: _____
Health Insurance Carrier: _____	Policy Number: _____
Policy Holder Name: _____	Policy Holder Date of Birth: _____

IN CASE OF EMERGENCY PLEASE CONTACT – (IF PARENT OR GUARDIAN IS NOT AVAILABLE)

NAME #1: _____	NAME #2: _____
Relationship: _____	Relationship: _____
Business Phone: _____	Business Phone: _____
Home Phone: _____	Home Phone: _____
Cell: _____	Cell: _____

MEDICAL EMERGENCY AUTHORIZATION

During my child's participation in any practice or competition with Long Island Rowing Club, I/we authorize any member of the Board of Directors that may be present to make decisions to proceed with any critical medical or surgical treatment and/or hospitalization if required for his/her health and welfare, provided an attempt to notify me/us has been made.

I will be financially responsible for any medical attention or procedures associated with such an emergency, and my medical insurance shall be the insurance coverage for any medical treatment.

The members of the Board of Directors have my/our permission to give my son/daughter over-the-counter medications stocked in the medical training kits:

Mother / Guardian

Father / Guardian

Signature: _____

Name: _____

Date: _____

Signature: _____

Name: _____

Date: _____



UNIFORM ORDER

Name _____ Height _____ Weight _____

Description	Requirement	Price	Qty	Size S/M/L/XL	Sub-Total
Crew Uni	Mandatory For Racing	\$75.00			
Red Hooded Sweatshirt LIRC Logo on Front	Mandatory	\$35.00			
Short Sleeve Red T-Shirt LIRC Logo Front & Back	Mandatory	\$15.00			
Long Sleeve Red T-Shirt LIRC Logo Front & Back	Optional	\$20.00			
Warm-Up Shirt - Black (long sleeve)	Optional	\$45.00			
Warm-Up Pants - Black (Extra long available)	Optional	\$65.00			
Crew Travel Bag (Print name you want on bag)	Optional	\$30.00			
Team Gore -Tex Jacket Pullover - Wet Weather (Print name you want on jacket)	Optional	\$180.00			
LIRC Red Head Sweats Hat	Optional	\$22			
LIRC Red Cotton Hat	Optional	\$15			
LIRowing Window / Book Decal	Optional	\$5.00 5 for \$20			

Grand Total: _____



LONG ISLAND ROWING RELEASE OF LIABILITY - WAIVER

IN CONSIDERATION of being given the opportunity to participate in any Long Island Rowing Club, Inc. activity, including scheduled, supervised club activities, and registered regattas, during the policy term 12/31/09-12/31/10, I, 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 Releasee 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. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of Long Island Rowing Club, Inc. and that, if I observe any condition which I consider to be unacceptable hazardous or dangerous, I will notify the proper authority in charge of the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue Long Island Rowing Club, Inc., 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 wavier 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.

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 the 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: _____

City: _____ State: ____ Zip: _____

Phone: _____ Date: _____

Participants Signature: _____

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 negligent rescue operation, 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):



SAGAMORE ROWING ASSOCIATION MEMBERSHIP APPLICATION

The Sagamore Membership Form asks if you would volunteer for committee work. Sagamore's existence depends on its volunteers. Please remember to include your email address.

Sagamore Rowing Association

P.O. Box 453
GLENWOOD LANDING, NEW YORK, 11547
TEL: 631-673-8304
WWW.SAGAMOREROWING.ORG

MEMBERSHIP APPLICATION FORM

NAME: _____

ADDRESS: _____

MEMBERSHIP CATEGORY: High School Student

SCHOOL: Long Island Rowing Club

STORAGE, WHAT & WHERE: Not Applicable

TELEPHONE HOME: _____

TELEPHONE WORK: Not Applicable

FAX: Not Applicable

E MAIL: _____

OCCUPATION: Student

IF WILLING TO CONTRIBUTE YOUR STRENGTHS TO COMMITTEE WORK, PLEASE CONTACT SAGAMORE ROWING AT OUR PHONE AS LISTED ABOVE. WE ARE ALL VOLUNTEERS.



SAGAMORE ROWING ASSOCIATION CODE OF CONDUCT

The Code is an important part of the rowing experience at Sagamore. We want to be sure that all family members are aware of it.

Sagamore Rowing Association

P.O. Box 453

GLENWOOD LANDING, NEW YORK, 11547

TEL: 631-673-8304

WWW.SAGAMOREROWING.ORG

CODE OF CONDUCT

In order to achieve SRA's Mission and to encourage the participatory atmosphere, spirit of sportsmanship, efficiency, community acceptance and perpetuity we seek to achieve, all members shall agree to comport themselves in accordance with the SRA Code of Conduct, which include a number of basic principles considered to be important.

Individuals shall:

Offer friendlier and helpful guidance to other members

Strive to contribute to a pleasant, cordial and considerate operating atmosphere by avoidance of behavior in such areas as:

The use of offensive language

Displays of hostility

Abuse of SRA's equipment or facilities as well as the facilities of neighboring properties

Any form of sexual, racial or religious harassment or discrimination and any other socially unacceptable attitudes

Avoid any implication of financial benefits derived from SRA activities, unless approved by the Board of Trustees of SRA

Represent SRA in an appropriate and dignified manner in rowing and other related activities.

Provide a welcoming atmosphere for all persons who wish to join SRA and participate in its activities.

Observe the safety regulations of SRA

Respect the authority of SRA Officers and Trustees, as established in the SRA By-Laws

The Board of Trustees may, at its option, withdraw or suspend the privilege of membership for individuals who violate the SRA Code of Conduct when those violations, in the opinion of the Board, are sufficiently egregious to warrant such action. Generally, any individual considered for such action should be given the opportunity to discuss the questionable behavior with the Board before any such action is taken.

Signature: _____ Date: _____



SAGAMORE ROWING ASSOCIATION RELEASE OF LIABILITY - WAIVER

Mandatory Requirement: Sagamore must have newly signed "Waivers" for each member for each calendar year. It is a crucial step in beginning or renewing your Long Island Rowing and Sagamore membership. Sagamore must have this copy of your signed waiver dated this year, in its possession or no rowing or use of Sagamore facilities or equipment will be permitted.

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 12/31/09-12/31/10, I, 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 Releasee 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. 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 unacceptable hazardous or dangerous, I will notify the proper authority in charge of the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue USRowing, 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.

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 the 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: _____

City: _____ State: ____ Zip: _____

Phone: _____ Date: _____

Participants Signature: _____

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 negligent rescue operation, 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):
