

## ONLINE REGISTRATION MUST BE COMPLETED FIRST

### High School Application Form - 2021-2022 Rowing Season

*Rower's legal name:*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### 2021-2022 Program Fee for All High School Rowers

COST FOR HIGH SCHOOL ROWING PROGRAM			
	Annual Registration/Equipment Fee	FALL SEASON Aug. - Dec.	SPRING SEASON Jan. -May
PER ROWER	\$100	\$1,125	\$1,125

**Option A - MONTHLY:** First payment due

- FALL SEASON - 5 payments of \$225.00 - First payment due August 5, 2021
- SPRING SEASON - 5 payments of \$225.00- First payment due January 5, 2022

**Option B - PER SEASON:** (5% discount)

- FALL SEASON - \$1,068.75 - payment due August 10, 2021
- SPRING SEASON - \$1,068.75 - payment due January 10, 2022

**Option C- YEARLY:** (10% discount)

- FALL & SPRING SEASON: \$2,000.00 - payment due August 10, 2021

**Required Fundraising Commitment**, commonly referred to as RFC, is the annual fundraising goal for each rower. The commitment to fundraising is critically important to the ongoing operation of our organization. In addition to monthly dues, **Each High School and rower is obligated to raise \$250 per fall season & \$250 per spring season.** To make reaching individual fundraising goals more manageable, we have divided the annual RFC requirements into quarterly goals as follows:

High School Rower - Required Fundraising Commitment (RFC)			
	October 25	February 25	TOTAL
PER ROWER	\$250	\$250	<b>\$500</b>

\_\_\_\_\_ (initials) I acknowledge that this contract will be in effect until canceled. To cancel, I will provide the withdraw form to the treasure prior to the next billing cycle.

\_\_\_\_\_ (initials) I acknowledge that my child will not be released to any other rowing club or team while attending Lake Brantley High School.

**\*A 5% processing fee will be added for all credit and debit transactions.\***

Payment is considered late after the 5th of the month. Payments received after the 5th may be charged a \$10 late fee.

**Parent/Legal Guardian Responsible for Payment**

**(print):** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

# ONLINE REGISTRATION MUST BE COMPLETED FIRST

## Middle School Application Form - 2021-2022 Rowing Season

*Rower's legal name:*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### 2021-2022 Program Fee for ALL Middle School Rowers

COST FOR MIDDLE SCHOOL ROWING PROGRAM			
	Annual Registration/Equipment Fee	FALL SEASON Aug. - Dec.	SPRING SEASON Jan. -May
PER ROWER	\$100	\$625	\$625

**Option A - MONTHLY:**

- FALL SEASON - 5 payments of \$100.00 each - First payment due August 5, 2021
- SPRING SEASON - 5 payments of \$100.00 each - First payment due January 5, 2022

**Option B - PER SEASON:** (5% discount)

- FALL SEASON - \$475.00 - payment due August 5, 2021
- SPRING SEASON - \$475.00 - payment due January 5, 2022

**Option C- YEARLY:** (10% discount)

- FALL & SPRING SEASON: \$900.00 - payment due August 5, 2021

**Required Fundraising Commitment**, commonly referred to as RFC, is the annual fundraising goal for each rower. The commitment to fundraising is critically important to the ongoing operation of our organization.

Middle School Rower - Required Fundraising Commitment (RFC)			
	Required by October 25	Required by February 25	TOTAL
PER ROWER	\$250	\$250	<b>\$500</b>

Payment is considered late after the 5th of the month . Payments received after the 5th may be charged a \$10 late fee.

**\*A 5% processing fee will be added for all credit and debit transactions.\***

*Parent/Legal Guardian Responsible for Payment*

*(print):* \_\_\_\_\_

*Parent/Legal Guardian Signature:* \_\_\_\_\_ *Signature*

*Date:* \_\_\_\_\_

## Media Authorization and Release Form for Minors

I hereby authorize Lake Brantley Rowing Association (“LBRA”) and its agents, employees, licensees, representatives and assigns to copy, exhibit, publish or distribute any and all photographs and likenesses and biographical information of my child or ward, including those in which he/she appears with other individuals, and recordings of his/her voice, his/her writings in whole or in part, in all forms and media throughout the world and in perpetuity for purposes of publicizing or advertising LBRA and its programs, or for any other ethical and lawful purpose. This includes but is not limited to print, billboard, radio and television advertising, the World Wide Web, social media, and school/ LBRA and other third-party approved publications. Additionally, I waive any right to inspect or approve the finished product, including written copy, in which his/her likeness or voice or written words appear. I agree to notify LBRA in writing if I later revoke this authorization. I hereby hold harmless and release and forever discharge Lake Brantley Rowing Association and all its agents, employees, licensees, representatives and assigns, and their successors, from all claims, demands and causes of action that I, my child or ward, or our heirs, representatives, executors, administrators, or any other people acting on behalf of myself, my child or ward, or our estates have or may have by reason of this authorization.

**Name of Child (print):** \_\_\_\_\_

**Name of Parent/Guardian (print):** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

## HIPAA Compliant Authorization to Release Medical Information

HIPAA Compliant Authorization to Release Medical Information In accordance with the Health Insurance Portability and Accountability Act of 1996 we are required to provide each rower or the rower’s parent or legal authorized representative with the Notice of Privacy Practices describing how we use and disclose patient health information. We will need the authorization signed in order for us to disclose athletic screening health information with the coaching staff. (The execution of this form covers only the release of information described below.) I authorize Lake Brantley Rowing Association to release the results of the Pre-Physical Evaluation to the Coaching staff and personnel involved in the care of the athlete. Authorization: I certify that this request has been made voluntarily, and this authorization will expire on July 31, 2022. HIPAA Required Statements: I understand that the information provided under this release may be subject to re-disclosure by the recipient under services no longer protected by HIPAA Privacy Rules. I understand that I may revoke this release at any time, except to the extent that action has already been taken to comply with it. To revoke this authorization, I must provide written notice to the President of Lake Brantley Rowing Association.

Athlete (if over 18) or Person Authorized to sign release for the Athlete:

**Name of Child (please print):** \_\_\_\_\_

**Parent/Legal Guardian Name (print):**  
\_\_\_\_\_

**Parent/Legal Guardian Signature:**  
\_\_\_\_\_

**Signature Date:** \_\_\_\_\_

## Acknowledgement of LBRA 2021-2022 HANDBOOK

By signing and submitting this application I acknowledge that I and my parent/guardian **have read** the LBRA handbook for the 2021-2022 rowing season, and I understand the LBRA athletic code of conduct...

*Name of Child (please print):* \_\_\_\_\_

*Child Signature:* \_\_\_\_\_ *Signature Date:* \_\_\_\_\_

*Parent/Legal Guardian Name (print):* \_\_\_\_\_

*Parent/Legal Guardian Signature:* \_\_\_\_\_ *Signature Date:* \_\_\_\_\_

## AUTHORIZATION FOR THIRD PARTY TREATMENT TO CONSENT TO TREATMENT OF MINOR / ADULT LACKING CAPACITY TO CONSENT

In case of emergency, I understand in the event I cannot be reached, I, the undersigned parent(s)/person having legal custody of or being legal guardian of \_\_\_\_\_, a minor, do hereby authorize the Officers, Board Members, Program Directors, Coaches or other representatives of Lake Brantley Rowing Association as agent(s) for the undersigned to consent to any x-ray examination, and the anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment deem advisable. I hereby authorize any hospital that provided treatment to the above named minor to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. I acknowledge that any charges incurred for any care rendered remains my responsibility. These authorizations will remain in effect for one (1) year from the date signed unless revoked in writing and delivered to said agent(s)

***Parent/Legal Guardian (print):*** \_\_\_\_\_

***Parent/Legal Guardian Signature:*** \_\_\_\_\_

## Liability Release Rowing Season

In consideration of the acceptance of the application of the undersigned participant to the Lake Brantley Rowing Association for the season set below, the undersigned participant hereby waives, releases and discharges Lake Brantley Rowing Association ("LBRA"), LBRA Legacy Foundation, Inc. and any officers, directors, employees, coaches, agents and members from and against any and all claims, actions, causes of actions and damages for death, personal injury or property damage which the undersigned participant may have, or which hereafter may occur to him or her, or his/her personal representatives, or assign, as a result of his/her participation in any LBRA associated activity. This Release is intended to discharge in advance LBRA, LBRA Legacy Foundation, Inc. and any officers, directors, employees, coaches, agents and members from and against any and all liability arising out of, or connection in anyway with the undersigned's participation in any LBRA associated activity even though that liability may arise out of negligence or carelessness on the part of person or entities mentioned above.

The undersigned participant for him/herself and his/her parents or legal guardians understands that serious accidents may occur during rowing practice and racing and during transportation to and from practice, races, meets and participants in rowing practice, racing and transportation may sustain mortal or serious personal injury and/or property damage as a consequence thereof. Knowing the foregoing risks, the undersigned participant hereby agrees to assume those risks and release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to the undersigned, his/her heirs, personal representatives, guardians, or assigns for damages. It is further understood and agreed that this Release and assumption of risk is binding on the undersigned's heirs, personal representatives, guardians, and assigns. The foregoing Release is effective for the rowing calendar year. The undersigned parent/guardian has signed this Release form knowingly and as a condition to the undersigned participant's acceptance into and participation in activities of LBRA.

Please print and write legibly:

### Rower's legal name:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Rower's name if goes by something other than legal name  
\_\_\_\_\_

Rower's address: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

Can rower swim? Yes  No

### Parent/Guardian Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

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

I, the undersigned parent and/or legal guardian, of the participant hereby knowingly signs this Release on behalf of the participant.

*Parent's Signature:* \_\_\_\_\_ *Signature Date:* \_\_\_\_\_

# Lake Brantley Rowing Association Physical Form

**TO BE BROUGHT TO YOUR PHYSICIAN**

Rower \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## **MEDICAL INFORMATION COMPLETED BY PHYSICIAN**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Is patient currently taking or required to have access to prescribed medication? If so, please list

medication(s): \_\_\_\_\_

Allergies to medication(s) \_\_\_\_\_

Are there any significant physical limitations or medical conditions, for example, asthma, seizures, diabetes? If so, please explain: \_\_\_\_\_

Physician comments: \_\_\_\_\_

Competitive rowing involves prolonged high intensity exercise. I certify that I examined \_\_\_\_\_ and he/she is physically capable to enroll

and compete in supervised rowing activities.

Date of Exam \_\_\_\_\_ MD's Printed Name \_\_\_\_\_

MD's Signature \_\_\_\_\_

## **MEDICAL INFORMATION COMPLETED BY PARENT/GUARDIAN**

Does the rower have any significant physical limitations or medical conditions, for example, asthma, seizures, diabetes? If so, please explain: \_\_\_\_\_

Is the rower allergic to any of the following: insect bites, foods, drugs (Yes or No)? If so, please explain: \_\_\_\_\_

Does the rower have any other allergies (Yes or No)? If so, please explain: \_\_\_\_\_

Is the rower currently taking any medications prescribed by a Physician (Yes or No)? If so, please list: \_\_\_\_\_

***Rower must have rescue medication available if prescribed.***

Has the rower sustained any of the following injuries? If so, please explain:

Dislocation of a Joint (Yes or No)? \_\_\_\_\_

Broken Bones (Yes or No)? \_\_\_\_\_

Other major surgery or injury (Yes or No)? \_\_\_\_\_

As parent/guardian of the athlete herein, I further state that I will accept full responsibility for the cost of any injury the student athlete identified herein might suffer while participating in the rowing program and have insurance coverage identified below.

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_ Policyholder's Name \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_