



LAKE COUNTY ROWING ASSOCIATION LAKE CREW 2012-2013 REGISTRATION

Welcome to the inaugural season of the Lake County Rowing Association Youth Crew. The mission of LCRA Youth Crew is to promote the sport of rowing among Lake County high school teens and create competitive student-athletes with a spirit of honor, self-respect, good sportsmanship, teamwork, moral integrity, healthy habits and strong character.

Rowers and Parents, you will find the information required to join LCRA Crew in the attached packet.

Registration check list:

- Read the youth team information
- Join online by sending an email to info@lakecountyrowing.org
- Fill out rower information form
- Read the "Team Policies and Procedures" and sign the "Team Policies and Procedures" signature page
- Complete and sign the "Emergency Treatment Authorization"
- Complete and sign the "Release, Waiver and Notification of Risk" form
- Complete and sign the "Sports Physical" form
- Turn in required forms with the non-refundable registration fee of \$100.

In order to participate in LCRA activities, all registration forms and payments must be turned in. You will be notified by email when your registration is complete.

For questions please contact Kimberly Thomson at KT@lakecountyrowing.org

Because LCRA Crew is an off-campus club sport, all communications will be via email, and it is vital that rowers and parents check email daily for updates and important information. Any change of email address or phone numbers should be communicated immediately.

Please "like" us on Facebook: Lake County Rowing Association &
Twitter: <http://www.twitter.com/RowLakeCounty>

Practice schedule-**High School**

Monday, Wednesday, Thursday: 4:00 – 5:30

Sunday: 10:00-12:00

Practice times may vary slightly. The rowing season starts with the first “learn to row (LTR)” and finishes at the end of the school year. Sunday practices will move to Saturdays in late October.

Middle School

(middle school will be added in the 2013-2014 school year)

Practice site-

Our temporary water practice location is situated on Lake Minneola Shores across from The Palisades where we beach launch. Land practices will be held at Waterfront Park. The City of Clermont and Lake County have a tentative agreement to provide LCRA with a permanent launch site and storage facility. Location and time to completion TBA.

What you need to bring-

All rowers must have the following items at practice:

- ✓ Flip flops or water shoes
- ✓ Sneakers and dry socks
- ✓ A small towel
- ✓ WATER – a refillable personal water bottle which cannot be shared with other rowers
- ✓ Sunscreen and bug repellent
- ✓ A 7/16th wrench
- ✓ Practice attire: spandex shorts and shirt (no loose fitting clothing). All rowers must wear a shirt. No sports bras or exposed chest.
- ✓ A change of clothes
- ✓ A positive attitude and patience with yourself and your teammates

LCRA CREW TEAM POLICIES

1. Student-athletes are expected to attend ALL scheduled practices. LCRA understands that many student-athletes are involved in on campus activities and may have excusable conflicts, but persistent unexcused absences may result in exclusion from regattas or other rowing activities. Please be on time and discuss conflicts with coaches at the beginning of the rowing season.
2. Abide by the same rules of conduct set forth by the FHSAA and represent LCRA and their schools in an appropriate manner at practice and all events.
3. Have a positive attitude at events and practices and refrain from using foul language.
4. Treat teammates, adult volunteers and coaching staff with respect.
5. Treat all LCRA equipment with care.
6. Share your positive comments on LCRA's Facebook page. Any other postings on the web regarding LCRA must be approved by the coaching staff.
7. Act with integrity and be respectful, trustworthy and honest. If a team member is not conducting themselves in a manner expected by LCRA please speak to a team captain, a coach or a youth committee member.
8. Refrain from using of tobacco, alcohol and non-prescription drugs. The use of these items is strictly prohibited.
9. Wear shirts at practices and regattas at all times. Clothing should be clean and free from offensive images and or writing. Rowers may not wear sports bras alone or go shirtless.
10. Follow directions from coaches and regatta officials.

Parents and students athletes should be familiar with the above policies. Please understand that failure to follow these policies may result in a suspension or dismissal from the team.

LCRA CREW MEMBER PARENT POLICIES

1. Support the LCRA Crew Team Policies by practicing good sportsmanship and treating all student-athletes, LCRA volunteers and coaching staff with respect.
2. Volunteer as needed and when possible.
3. Maintain a healthful environment at regattas by refraining from drug, alcohol and tobacco use.
4. Understand that Youth Crew practice times are for student-athletes. Adults may join the Masters Crew if interested. Contact Debbie Kiely at info@lakecountyrowing.org for more information.

FINANCIAL COMMITMENT

Each student-athlete must become a member of LCRA and has a financial obligation to the club for \$1,110.

Fees cover US Rowing membership, FSRA membership, insurance, coaching, equipment and operating expenses. Fees and travel for regattas are separate and paid on a race-by-race basis.

The goal for our inaugural year is to participate in 4 local regattas.

Dues are payable all at once or on the payment schedule below. Payments can be made online www.lakecountyrowing.org (coming soon) or in person to Kimberly Thomson (Youth Committee Chair) or Debbie Kiely (LCRA President). Coaches cannot accept payments.

Due date	Amount
Oct 6 Learn to Row Fee/Registration (Non-refundable)	\$100
Nov 1	\$145
Dec 1	\$145
Jan 1	\$145
Feb 1	\$145
March 1	\$145
Apr 1	\$145
May 1	\$140 *
Total Dues	\$1,110.00

In order for student-athletes to participate, payments must be kept up to date.

LCRA would like to offer fundraising opportunities and is in need of a Youth Crew parent volunteer to lead a youth fundraising committee. Please see either Kimberly Thomson or Debbie Kiely if you are interested.

Dues are non-refundable.



LAKE COUNTY ROWING ASSOCIATION – YOUTH CREW

Date: _____

ROWER INFORMATION:

First Name: _____ Last Name: _____
Address: _____ City: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
E-mail: _____ Lives with: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Gender M / F
School Name: _____ Grade: _____
Special Needs/Medical Conditions: _____

Parent/Legal Guardian Information

Mother's/Legal Guardian's Name: _____ **Occupation:** _____
Address: _____ (indicate if same as above)
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: (required) _____

Father's/Legal Guardian's Name: _____ **Occupation:** _____
Address: _____ (indicate if same as above)
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: (required) _____

Changes

Please notify us of any changes to the above information.
Updates can be emailed to KT@lakecountyrowing.org.

Billing statements

Payment information will be communicated via email using a service called Team Snap. Reliable email addresses are required. Please make sure emails from this service are not going to your junk mail.



LCRA TEAM POLICIES AND PROCEDURES ACKNOWLEDGEMENT STATEMENT (Signature Page)

I have read and understand the policies and procedures for being a member of the LCRA Youth Crew and Parents and I agree to abide by them.

I understand that failure to adhere to these policies may result in my suspension or dismissal from the team.

STATEMENT OF SWIMMING COMPETENCY

I hereby certify that my son/daughter, _____, is a capable swimmer. I understand that all team members will be tested to verify that they are able to handle themselves safely in the event of a water emergency.

STATEMENT OF FINANCIAL COMMITMENT

I have read and understand the financial obligations for my son/daughter to be a member of the 2012-2013 LCRA Youth Crew. I agree to be responsible for this financial commitment.

STATEMENT OF PHOTO CONSENT

I understand that photos of my rower participating in LCRA activities may be used for LCRA promotional material. I allow for photos of my rower to be used in appropriate printed or online LCRA marketing materials.

Student name: (print) _____ Date: _____

Student Signature: _____

Parent/Guardian Name: (print) _____ Date: _____

Parent/Guardian Signature: _____



EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Student-athlete's Legal Name: _____

Grade: _____ DOB: _____ Date of last tetanus shot: _____

My child is allergic to the following medications: _____

My child had the following allergies: _____

Please identify any serious injuries or illnesses you child has had: _____

Alternate family member/friend to contact in case of an emergency:

Name: _____ Phone: _____

Primary Care Doctor Name: _____ Phone: _____

Primary Insurance Company: _____ Policy #/ID: _____

Insurance Company Address: _____

Please email a scan of both sides of your child's insurance card and email it to KT@lakecountyrowing.org or turn in a photocopy of both sides of their insurance card with this emergency treatment authorization.

You understand if a parent, guardian or student-athlete falsifies any signature or information on this emergency treatment authorization, the student will be declared ineligible to participate in any LCRA activity for one full calendar year from disclosure date. You further give permission and authorize the officers, board members, volunteers, coaches, school staff or other representative of Lake County Rowing Association (LCRA), 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 further agree to hold said agents, LCRA, its officers, volunteers, board members, school staff and coaches harmless in the administration of such assistance. I hereby authorize any hospital, which provided treatment to the above named minor, to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. These authorizations will remain in effect for one (1) year from date of hereof unless revoked in writing and delivered to said agent(s).

I hereby acknowledge and certify that I have read the emergency medical treatment document, that I understand and agree with its terms Florida Statutes (92.525) "Under penalties of perjury, I declare that I have read the foregoing and that the facts in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____



LCRA RELEASE, WAIVER AND NOTIFICATION OF RISK

IN CONSIDERATION of being given the opportunity to participate in any Lake County Rowing Association, Inc. ("Club") activities ("Activity") until the end of this school year and the ensuing summer programs for the Club, I, for 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, can swim adequately, and am 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 including specifically, but without limitation, that on Lake Minneola and at Water Front Park where the Club holds practices and regattas, and other Activity, there are alligators, snakes and other wild animals in or about the lake, and that it is possible for rowing and other boats to be overturned or flipped in the water causing rowers to be plunged into the water ("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, the weather, or the negligence of the Releasees names 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 the Club 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. HEREBY RELEASE, discharge, and covenant not to sue, USRowing, the Club, Lake County Public Schools, their administrators, directors, board members, coaches, 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 Releasees or otherwise, including, without limitation, 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's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

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 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: _____ Date: _____

Address: _____

_____ Phone : _____ Signature

(only if age 18 or over)

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, have read the language above and understand it, understand the nature of rowing activities, the nature of Lake Minneola and its environs as aforesaid, 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 the aforesaid release and waiver on behalf of the minor, 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 as a result of the aforesaid Activity or by the operations of the Club, 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 Releasees, 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.

Printed Name of Parent/Guardian: _____ Date: _____ Address: _____

_____ Phone: _____

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

LCRA Requires all its student-athletes to turn in a Florida High School Athletic Association Pre-participation Physical Evaluation form. That form can be downloaded by following this link:

http://www.fhsaa.org/sites/default/files/el02_physical.pdf

In order for student-athletes to join LCRA and participate in club activities this form must be submitted with the rest of the registration materials.