

SARASOTA SCULLERS
Youth Rowing Program, Inc.
125 Bayview Dr.
Mailing: P.O. Box 787
Osprey, FL 34229
(941) 966-2244
Fax (941) 966-4830
www.sarasotascullers.org

**Included in this packet you will find important information about our club and its operation.
Please read it in its entirety.**

Dear Parent or Guardian:

Welcome to the Sarasota Scullers Youth Rowing Program. We are looking forward to another exciting season. Enclosed in this application package are waivers, permission slips and medical authorization forms which must be completed and returned to the crew office before your child can participate in our program. A medical certificate verifying that your child is medically fit to play sports is absolutely essential to their participation. Our fall season usually includes 4-5 Head races and our spring season usually includes 5-7 Sprint races. The dates and locations can be found on our website as soon as they are finalized. Please keep in mind that once the schedule has been set it can change at any time due to circumstances beyond our control.

Your child should bring a backpack or duffel to practice every day. This bag should contain the following items: flip flops or water shoes, a towel, a 7/16 and a 3/4 wrench, dry socks, change of clothes and **sneakers**.

Each rower is responsible to bring his or her own water each day. Drinking from another rower's water bottle with or without permission is **strictly prohibited**.

Please send all checks, completed waivers or other correspondence to P.O. Box 787, Osprey, FL 34229, or drop them by our business crew office at 125 Bayview Drive. If no one is on site, paperwork and/or payments may be dropped in the mail slot located to the left of the front door to ensure that they are received, recorded and filed properly. Also, some regattas may ask for different or additional forms so don't be surprised if you are asked to fill out extra forms in the future.

Dues are to be paid in advance with either a one time lump payment at the time of registration or in two equal payments made at the time of registration and in January. A late charge of \$10.00 will be charged to your account if the dues are not received in the office by the 5th of the month. Delinquency in dues may result in your child not participating until the account is current. Those wishing to make special financial arrangements should contact the office to make an appointment to discuss your individual concerns.

If you have any questions, do not hesitate to contact the office at 966-2244 or by email at sarasotascullers@yahoo.com. Thank you and we look forward to seeing you.

Sincerely,

Sarasota Scullers Youth Rowing Program, Inc.
Coaches and Staff

Application for:

**Sarasota Scullers
Youth Rowing Program, Inc.**

Rowing Season: 20__20__
USRowing #: _____

NAME: _____ Nickname: _____
(Last) (First) (Middle)

Birth Date: _____ Height: _____ Weight: _____ Age: _____

Home Address _____
(Street name and number) (City, State, Zip Code)

Mailing Address _____
(if different than home address)

E-mail (Student's) _____ (Parent's) _____

Phone (Student's) _____ (Parent's) _____ Fax _____

Cell (Student's) _____ (Mother's) _____ (Father's) _____

School Attending _____ School Hours _____ AM to _____ PM Grade _____

Mother _____ Father _____
Address _____ Address _____

Phone # _____ Phone # _____
(work) (home) (work) (home)

Person to contact in case of an emergency: _____
Name Phone number

Please indicate if you would like both parents to receive information regarding crew or which parent you would like to receive information if there are different addresses.

Mother's Occupation _____ Father's Occupation _____

___ I (parent) would like to volunteer with SSYRP and can be reached at _____, I am the ___
mother ___ father and can help with ___ food ___ maintenance ___ driving boats to regattas ___ phone calls ___
office help ___ chaperone ___ grocery shopping ___ fundraising ___ advertising

I acknowledge and agree that; (1) by virtue of my participation I risk bodily injury, including paralysis, dismemberment, and death, and other loss including damage to property; (2) I knowingly and freely assume such risk; (3) I release, hold harmless and promise not to sue Sarasota Scullers Youth Rowing Program Inc. or its officers, agents, employees, and sponsors, with respect to all such injury, paralysis, dismemberment, death or loss including, acts of negligence except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.

Signature of applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Sarasota Scullers Youth Rowing Program, Inc. Financial Statement

Each athlete is asked to contribute a fixed sum from year to year as membership dues. The dues that are charged to the athletes provide approximately 25% of the funds necessary to meet the budget of SSYRP. Athletes are expected to remain current in this obligation as the timely payment of dues is important to the orderly running of the program. Dues are not prorated for partial month participation.

Membership Dues: There is a yearly **non-refundable** registration fee of \$100.00. The membership dues for high school rowers for the 2008-2009 year are \$1,250.00. This membership fee can be paid in a one time lump payment at time of registration or in two equal lump payments (\$625.00 each) with the first payment in August or at registration and the second in January upon return from winter break. There is **mandatory** participation for all rowers in all fundraisers, **including the car raffle**. This will be further discussed at the parent meetings. We accept check, MC and VISA. Make all checks payable to SSYRP and mail to P.O. Box 787, Osprey, FL 34229 or drop off at our crew office located at 125 Bayview Dr. in Osprey. There is a mail slot to the left of the front door if no one is there. The January payment is due by January 1st and is considered late on January 5th at which time it will be assessed a \$10.00 late fee.

7th and 8th Grader Dues: The middle school practice schedule will be 2 days per week with dues of \$800.00 for the 2008-2009 year. There is a yearly **non-refundable** registration fee of \$100.00. The membership fee can be paid in a one time lump payment or in two equal lump payments (\$400.00) with the first payment in August or at registration and the second in January upon return from winter break.

Refunds: Any refunds requested when lump payments are made will be calculated as monthly payments with no discount for partial month. Meaning, when computing refunds the refund will be for any months not **started** but paid in advance. The allotted amounts will be \$125.00/month for novice and varsity rowers and \$80.00/month for 6th-8th graders.

Regatta Assessments: Assessments are necessary for regatta expenses above the membership dues and fundraising events. Regatta expenses include the cost of the buses, entry fees, food, boat rental an/or transportation and hotels required in order to attend those regattas. The regatta assessments **must** be paid in full **one week PRIOR** to the rower boarding the bus for the regatta. The total cost of the regatta is computed and then divided by the number of rowers attending the regatta in order to determine the cost per rower. **Therefore, the fee is the same for every rower regardless of whether the rower rides the bus or with their parent and regardless of whether they stay in the hotel room or not.** Rowers who are participating with SSYRP under scholarship are responsible for their own regatta assessment fees as they do not fall under the scholarship.

Clothing: ALL athletes are expected to purchase Sarasota Scullers polo, crossed oar tee shirt and a unisuit. These articles of clothing are necessary for attendance of regattas.

SSYRP is in need of Parent Volunteers to maintain the yard and property at 125 Bayview Dr. where the clubhouse is located and to transport food and cooking supplies to regattas. As our organization does travel extensively and trailer our boats to regattas, we offer advertising both on our tee shirts and on our boat trailer. If you or someone you know owns a business that they would like to advertise in this way please contact our office as this would be an excellent opportunity for both the advertiser and SSYRP to help each other.

SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.
USRowing Membership

PLEASE READ CAREFULLY AND COMPLETELY REGARDING WAIVERS REQUIRED FOR PARTICIPATION IN REGATTAS

MANDATORY USRowing MEMBERSHIP: EVERY rower is now **required** to obtain and maintain an USRowing membership. This is due to changes in insurance requirements and requirements for participation in regattas. The cost of membership for an individual under the age of 26 is \$45.00 per year and grants each individual all of the benefits associated with a membership in the organization.

To obtain membership, go to www.USRowing.com and click on **Join/Renew** in the upper right hand corner. Next click on **Become Individual Member** on the left hand side of the screen and follow through the prompts until you have received verification that you have a membership number.

For membership please use:

Club Affiliation: Sarasota Scullers

Contact: Dragos Alexandru

After you have received your member number go back to the same website of www.USRowing.com and click on **Join/Renew** again. This time click on **Sign Your Waiver Online** and follow the prompts to electronically sign a waiver that is kept on file for regattas attended in each calendar year. ***Please note that you will have to have your parent sign the waiver for you if you are under 18 years of age AND a new waiver will have to be signed in January as USRowing's waivers follow the calendar year.***

After you have received your USRowing membership you must contact SSSYRP with your member number.

Your head coach HAS to have your individual member number on file for entry into regattas.

You can email your member number to sarasotascullers@yahoo.com or call Faye with your number at 966-2244.

There is also another website that is used by the **Head of the Hooch** for their required waiver this year. That site is www.signyourwaiver.com. Click on the orange ball that says **Sign a Waiver** then click on **Junior Male** or **Junior Female** in the black section at the bottom of the page. Complete the questions and click next for each new page.

For signing the waiver use:

Club Affiliation: Sarasota Scullers Youth Rowing Program

Contact: Dragos Alexandru

Club Email: sarasotascullers@yahoo.com

This waiver must be completed for the Head of the Hooch regatta this year. They will check to ensure that every rower has a signed waiver.

SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.
HIPAA Compliance

In accordance with the Health Insurance Portability and Accountability Act of 1996 we are required to provide the participant or the participant's parent or legally authorized representative with the Notice of Privacy Practices describing how we use and disclose participant health information.

We will need this authorization signed in order for us to use or disclose athletic screening health fitness information with the coaching staff.

HIPAA Compliant Authorization to Release Medical Information
(The execution of this form covers only the release of information described below)

I authorize Sarasota Scullers Youth Rowing Program, Inc. to release the information described below to the athletic director, coaching staff, or personnel involved in the care of the athlete.

The information to be provided is at the request of the individual being screened/athlete or if the athlete/participant is a minor, the legally authorized representative.

_____ Results of the athletic health screening/information regarding fitness to play.

Authorization: I certify that this request has been made voluntarily, and this authorization will expire on August 9, 2009.

HIPAA Required Statements:

I understand that the information provided under this release may be subject to re-disclosure by the recipient under circumstances 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 Sarasota Scullers Youth Rowing Program Privacy Office c/o SSYRP, 125 Bayview Drive, Osprey, Florida, 34229.

_____ Initial here for: Acknowledgement of receipt of Notice of Privacy Practices

Signature of Athlete/Participant

Date

NOTE: Parent/Guardian or Legally Authorized Representative MUST sign if athlete/participant is a MINOR.

Signature of Parent/Guardian/Legally Authorized Representative

Date

Relationship to Athlete/Participant

SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.
CONTRACT

As a member of the Sarasota Scullers Youth Rowing Program, Inc. I understand that my behavior reflects the reputation of the crew at all times and agree to follow these rules:

- 1) I will not consume alcohol, illicit drug substances or use tobacco products as long as I am a member of the crew.
- 2) I will attend all practices and be there on time. If I am unable to attend a practice for any reason, I will notify one of the coaches first and obtain permission to miss practice before that practice begins.
- 3) I will strictly observe my curfew on overnight trips.
- 4) I will not travel to or leave regattas via any other mode of transportation other than the bus that was chartered to take me to or from the regatta, except with my parents, and only after obtaining permission from one of the coaches prior to the day of departure.
- 5) I will not engage in any public display of affection (PDA) with any crew member of the opposite sex while participating in any function of the crew which will include, but is not limited to practice, bus trips, regattas or overnight stays.
- 6) I will comply with all club rules.
- 7) I will only use club property with permission and/or approved supervision.
- 8) I will not row for or participate with any crew other than Sarasota Scullers Youth Rowing Program, Inc. for the school year in which I join SSYRP.

Drug, Tobacco & Alcohol Use: Rowers will not consume alcohol or illicit drug substances or use tobacco products as long as they are a member of the crew. No tobacco, alcoholic or illicit drug substances are to be on one's person or among one's personal belongings. As a teammate, if you are aware of anyone drinking or using any illegal substances, you are obligated to inform a Captain, you're Coach, the Office Manager or a Chaperone. Administration, Coaching Staff or Head Chaperone has the right to perform random or specific bag and room checks including, but not limited to, all personal items as well as random or specific drug and alcohol testing.

I understand that failure to abide by these rules will result in my dismissal from the crew. I have read these rules and agree to abide by them.

Rower Signature

Date

Parent Signature

Date

SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.
MEDICAL AND FIELD TRIP PERMISSION FORM

I give (name of rower) _____ permission to attend all Sarasota Scullers Youth Rowing Program, Inc. functions.

I do not hold Sarasota Scullers Youth Rowing Program, Inc. or any other chaperones, or the club for my child's behavior or possible financial obligations.

Is this rower subject to any allergies? _____ if so, please describe. _____

Is this rower allergic to penicillin? _____
Has this rower had his/her Appendix removed? _____ If so, when: _____
Can this rower take Aspirin? _____ without supervision? _____
Is this rower taking any sort of medical treatment at this time? _____ if so can this be taken without supervision? _____

PLEASE GIVE ALL MEDICATION REQUIRING SUPERVISION TO TAKE TO THE ASSIGNED CHAPERONE

Has this rower had any sickness which might recur on this trip? _____ If so; what are the symptoms?

Is there any other situation of which you believe a chaperone should be aware? _____ If so, please describe in detail. _____

In case of any problem or emergency every effort will be made to reach a parent immediately.

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

In case of emergency I give my permission for my son/daughter to have hospital and/or doctor's service if such be necessary. In case any other problem should arise, such as behavioral, I will accept a collect phone call to help rectify the situation.

Date

Signature of Parent/Guardian

PARENT/GUARDIAN RELEASE and HOLD HARMLESS AGREEMENT for
ROWER ATHLETIC PARTICIPATION

Name of Rower: _____ Date of Birth: _____
Date of Birth: _____ Place of Birth: _____
Name of School: _____ School Year: _____
Name of Sport/Activity this agreement governs: Crew, rowing

I/we fully understand that playing or practicing to play interscholastic sports may be hazardous and poses a risk of injury to participants, others, and/or property damage, including but not limited to, *sprains, strains, contusions, abrasions, broken bones* and in extreme cases, *paralysis or death*. Due to the potential hazards associated with interscholastic sports, I recognize the importance of following the instructions of coaches and trainers regarding rowing techniques, training and other rules associated with this sport.

I/we understand that it is the responsibility of the parents/guardians to provide proof of medical coverage prior to participation in any phase of this sport.

Medical Insurance Statement

I have comprehensive medical insurance that covers this rower for any expenses he/she may incur as the result of a sports related injury.

Name of insurance company: _____
Policy #: _____ Policy Effective Dates: _____
Insurance Co. Phone #: _____
(Please include copy of both sides of insurance card)

I/we hereby give my/our consent for my/our child/ward to engage in Sarasota Scullers Youth Rowing Program, Inc. approved athletic activities as a representative of his/her club/crew. I/we also give my/our consent for him/her to accompany the team as a member on out of town trips.

Parent/Guardian Home Address: _____
Daytime Phone: _____ Cell Phone: _____ Home Phone: _____

In consideration of Sarasota Scullers Youth Rowing Program, Inc. permitting my child/ward to engage in interscholastic sports, I/we agree to release and hold harmless Sarasota Scullers Youth Rowing Program, Inc. and its employees and agents, sponsors, chaperones, etc. from and against all damages, claims, judgments, costs or any other expenses, including attorney fees, arising out of bodily injuries or property damage resulting from participation in interscholastic sports.

I acknowledge that I have read this agreement and fully understand its meaning, and that I will abide by all terms and rules associated with this sport and in this agreement. This agreement to participate in interscholastic sports is entered into voluntarily and is made with the understanding that I have not violated any of the eligibility rules and regulation of Sarasota Scullers Youth Rowing Program, Inc.

Rower Signature

Date

Parent/Guardian Signature

Date

Notary Public Signature
(SEAL)

Print Name Notary Public
Commission No.:
Commission Expires:

Sarasota Scullers Youth Rowing Program, Inc.
125 Bayview Drive, Osprey, FL 34229

MEDICAL RELEASE FORM FOR OUT-OF-COUNTY OR OVERNIGHT TRAVEL

Instructions: Form must be signed and notarized.

Name of Rower (Please Print): _____ School Year: _____

Address: _____ Date Of Birth: _____

Home Phone: _____ Parent's Work Phone: _____ Cell Phone: _____

Other Emergency Contact Name: _____ Phone: _____

Medical Insurance Carrier: _____ Policy Group Number: _____

This application to travel and participate in activities or events sponsored by Sarasota Scullers Youth Rowing Program is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations of the Florida Scholastic Rowing Association or Sarasota Scullers Youth Rowing Program. It is also agreed that we will abide by all the rules set down by Sarasota Scullers Youth Rowing Program, Inc. and the Florida Scholastic Rowing Association.

Sarasota Scullers Youth Rowing Program, its coaches and volunteers, desire that rowers and parents or guardians of rowers have a thorough understanding of the implications involved in a child participating in a voluntary extracurricular activity. For this reason it is required that each rower in Sarasota Scullers Youth Rowing Program, his/her parent, parents, or guardian, read, understand, and sign this agreement prior to the child being allowed to participate in any out-of-county or overnight crew trip.

1. I/We, the undersigned, as parent, parents, or guardian, give my/our consent for the rower identified herein to participate in this activity as a representative of his/her club/crew.
2. I/We will not hold Sarasota Scullers Youth Rowing Program, Inc., anyone acting in its behalf, or the Board of Directors responsible or liable for any injury occurring to the named rower in the course of such activities or such travel. I/We release Sarasota Scullers Youth Rowing Program, Inc., its employees, and agents from all claims, costs, trips or extracurricular activities, including any claims, costs or damages arising from the negligence of Sarasota Scullers Youth Rowing Program, Inc., its agents, or employees.
3. I/We understand that club officials will not complete accident insurance forms. All claims under an insurance policy, or policies, for injuries received while participating in crew events, shall be processed by the rower, his/her parent, parents, or guardian through the company agent handling the rower's insurance policy, and not through Sarasota Scullers Youth Rowing Program, Inc. or its officials.
4. I/We hereby accept financial responsibility for equipment or instruments lost by the rower identified herein.
5. I/We authorize Sarasota Scullers Youth Rowing Program, Inc. to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the rower in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by Sarasota Scullers Youth Rowing Program, Inc. or its employees or agents.
6. I/We accept full responsibility and hereby grant permission for my son/daughter to travel on any approved club/crew related trip. This statement remains in effect until the end of this school year unless cancelled by me in writing to Sarasota Scullers Youth Rowing Program, Inc.

Rower's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

State of Florida
County of Sarasota

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 200__ by _____
(Name of Person Making Statement)

The foregoing instrument was acknowledged by:

_____ Personally known to me, or

_____ Produced Identification: _____ Type of Identification Produced: _____

Notary Public Signature: _____ Name of Notary Public: _____
Print, Stamp, or Type as Commissioned

My Commission Expires: _____ Commission Number: _____

SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.

MEDIA RELEASE FORM

From time to time Sarasota Scullers Youth Rowing Program, Inc., as well as newspapers and television stations, interview, photograph and video tape our rowers, coaches and parents to visually explain the programs and events which our club offers. Those photographs, video tapes or audio tapes may be used in newspapers, on television or in Sarasota Scullers Youth Rowing Program, Inc. publications and productions.

If you **do or do not** want your child to be interviewed, photographed, or video taped for such purposes, please sign below and have your child return this letter to their coach.

NO, I do not want my child to participate in the media activities described above.

Print Name of Child

OR

YES, I grant permission for my child to participate in the media activities described above.

Print Name of Child

Parent/Guardian Signature

Date

Sarasota Scullers Youth Rowing Program, Inc.

Rules of the Road

1. Adult chaperones are fully responsible for you; therefore, all disciplinary requests must be strictly followed. No one under 18 may be left alone in a hotel at any time.
2. No alcoholic or illicit drug substances are to be on one's person or among one's personal belongings for duration of stay. As a teammate, if you are aware of anyone drinking or using any illegal substances, you are obligated to inform a Captain, your Coach, the Administrator or a Chaperone. That person's parent will then be called and asked to come to the hotel or regatta to take them home. If you are traveling with prescription drugs, please let your Coach or the Administrator know (for emergency purposes).
3. Administration, Coaching staff or Head Chaperone has the right to perform random or specific bag and room checks including, but not limited to, all personal items.
4. Adult chaperones must be informed of your whereabouts at all times. We will provide phone numbers so that you can reach your Coach, the Administrator, or chaperones at any time. If you travel with a cell phone, please give the Administrator your cell phone number prior to the trip so that it can be recorded.
5. Evening curfews are to be strictly observed. Hotel room doors will be taped after the last bed check. If the seal is broken, all individuals in the room will be penalized. If you have a problem after curfew, please call the Administrator, a chaperone, or your Coach; they will come to your room. Do not leave your room! If you do, it may result in your not rowing, which may penalize one or more boats.
6. Behavior at all times must be a positive reflection on Sarasota Scullers Youth Rowing Program and all Sarasota County Schools. This includes travel by bus or plane, as well as at hotels, restaurants and regatta sites. You must refrain from using foul language.
7. It is each individual's responsibility to keep money and personal belongings safe. On the other hand, if one is caught stealing another rower's money or property, he/she will be sanctioned (sanctions will be determined by the Coaches and Administrator).

Hotel Rules

1. Please keep your rooms as neat as possible to allow housekeeping staff to do a better job for you.
2. Hotel property such as blankets, towels, pillows, etc. must not be removed from your rooms. Any items found missing will have to be replaced at cost by the occupants.
3. If anyone in the party should cause the hotel to have to refund another guest's charges due to excessive noise, the hotel will be forced to add these charges to our group's stay. The offending party (or parties) will bear any expense to the club.
4. There is no running or use of loud voices in hallways, lobbies, or pool areas. Televisions, music, etc. are to be kept at normal sound levels. No foul language will be used by any rower.
5. For the courtesy of other hotel guests, quiet hours are from 10PM until 8AM. During this time, please minimize any activity that could disrupt other guests, including the slamming of doors.
6. There will be no taping of signs to painted surfaces or "trashing" of any hotel room. The individual(s) will bear the expense of any damage to hotel property.
7. If your hotel room has a balcony, please do not sit or stand on the railing and do not throw anything off your balcony.
8. Before leaving your room in the morning, one person in each room must wait for a room check by a chaperone. After your room is checked, take all of your belongings to the lobby or bus.

I have read these rules and agree to abide by them.

Rower

Parent

Date

SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.

Mandatory Paperwork Checklist

- _____ U S Rowing Membership Number
- _____ Online Waiver for Head of the Hooch
- _____ Media Release Form
- _____ HIPAA Compliance
- _____ Contract
- _____ Rules of the Road
- _____ Application
- _____ Parent/Guardian Release and Hold Harmless Agreement
- _____ Medical and Field Trip Permission Form
- _____ Emergency Medical Treatment/Field Trip Consent Form
- _____ Medical Release Form for Out-of-County
- _____ Tampa Bypass Canal Waiver
- _____ Ronald W. Shane Water sports Center Waiver (Standard Waiver)
- _____ Head of the Hooch Waiver
- _____ U S Rowing Waiver
- _____ Physical page 1 (downloaded from our website under Information and then Forms)
- _____ Physical page 2 (downloaded from our website under Information and then Forms)
- _____ Copy of **Both Sides** of Health Insurance Card