



# South Orlando Rowing Association

## Adult Rowing Program

### SOUTH ORLANDO ROWING ASSOCIATION ADULT ROWING REGISTRATION

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

**Rower Information:**

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Occupation :** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Special Needs/Medical Conditions:** \_\_\_\_\_

**Previous Rowing Experience:** \_\_\_\_\_

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Billing statements will be sent via email to the parent/guardian emails listed above. If you want billing statements mailed please indicate the correct address below. Most communication is via email since we are an off campus club sport, we ask that you check your email daily for updates and important information.

\*Please update this registration information throughout the year if you change phone numbers, home or email addresses so that we may provide you with current information. Updates can be emailed to Mariana Hull at [sora.registration@yahoo.com](mailto:sora.registration@yahoo.com).



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### Fall 2011 Financial Commitment

All team athletes must be members of the South Orlando Rowing Association (SORA). Each athlete has a financial obligation to SORA for \$150.00 for the FALL 2011 rowing season. SORA has **extensive fundraising, sponsorship and assistance programs** to help insure that ANY ROWER who wants to participate will be able to.

Membership fees cover team operating expenses; fees for fall regattas are separate and paid on a race-by-race basis since not all athletes travel to each fall race.

Dues are payable by the below payment schedule and are due the 10th of each month. Billing statements will be provided as a courtesy but failure to receive a monthly statement does not alleviate the monthly dues payment obligation

**Do not panic about the financial obligation!** This obligation is fulfilled by paying dues and/or through a variety of fundraising opportunities. Past fundraising opportunities include Amway Arena, Citrus Bowl concessions, Poinsettia sales, Ad book and more. Parents and athletes can participate in these to help defray the costs of rowing.

Fundraising profits over and above the \$150.00 commitment can be used to help pay for out-of-town regattas such as States and Nationals and overnight regatta lodging and transportation.

Due Date	Amount
Registration	\$50.00 (non-refundable)
Oct 10	\$50.00
Nov 10	\$50.00
<b>Total Dues</b>	<b>\$150.00</b>

As stated in the SORA bylaws rowers who do not remain current with each payment will not be allowed to participate in practice, trips and regattas until payment is received.

All checks should be made payable to SORA. Please be sure that you indicate in the memo

section of the check what the payment is for (i.e. dues, merchandise, etc.)

**DO NOT ASK ROWERS TO DELIVER PAYMENTS TO COACHES  
COACHES CANNOT ACCEPT PAYMENTS**

**Payments should be mailed to**

**SORA  
P.O. Box 568782  
Orlando, FL 32856-8782.**



### ROWING TEAM POLICIES AND PROCEDURES (Signature Page)

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#### STATEMENT OF SWIMMING COMPETENCY

I hereby certify that I, \_\_\_\_\_, am a capable swimmer. I understand that all team members will be tested to verify that they are able to cope in the event of a water emergency.

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#### STATEMENT OF FINANCIAL COMMITMENT

I have read and understand the financial obligations for my son or daughter to be a member of the 2011-2012 SORA team. I agree to be responsible for this financial commitment.

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#### STATEMENT PHOTO CONSENT

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

Rower Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Rower Signature: \_\_\_\_\_



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### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Athlete's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Athlete's Date of Birth: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

I am allergic to the following medications: \_\_\_\_\_

I have the following allergies: \_\_\_\_\_

Please identify any serious injuries or illnesses you have had: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

(write "none" if you have no personal insurance on this athlete)

Insurance Company Address: \_\_\_\_\_

You give permission and authorize the officers, board members, program directors, coaches, school staff or other representatives of South Orlando Rowing Association (SORA), 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, its employees 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 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 stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Street Address \_\_\_\_\_

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



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### SORA RELEASE AND WAIVER

IN CONSIDERATION of being given the opportunity to participate in any South Orlando 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 at Moss 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, Orange 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 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: \_\_\_\_\_

\_\_\_\_\_  
Signature (only if age 18 or over) Phone : \_\_\_\_\_

#### 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 Moss Park 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: \_\_\_\_\_

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