



SOUTH ORLANDO ROWING ASSOCIATION

Welcome to the 2011-2012 rowing season for the South Orlando Rowing Association (SORA)! We are excited to welcome back the returning rowers and parents along with new rowers, supporters and families. This will be a very exciting year for SORA as we celebrate our 25th anniversary, enjoy a new location (Moss Park) and expand to allow rowers from ANY school in Central Florida.

Rowers/Parents – you will find information required to join SORA in the attached packet. We have an extensive fundraising program which allows any rower to participate in our program.

This year's registration process includes the following requirements:

- 1) Registration form
- 2) Team policies
- 3) Emergency treatment authorization, sports physical and notification of risk
- 4) Release & Waiver

All physical forms should be turned back to the registrar.

No rower can participate in SORA activities without being cleared by the registrar. In order to be cleared, your physical must be completed AND you must return the following to the crew registrar:

- * **Registration form**
- * **SORA signature form**
- * **Release & Waivers**
- * **Emergency Medical Treatment**
- * **\$200.00 Registration fee payable to SORA.**

Incomplete registrations, including non-payment of the registration fee will not be processed and will be returned to you. You will receive a phone call and/or email to let you know when your rower's registration has been cleared.

Further information can be obtained on our website www.SORAcrow.com and email Katie@SORAcrow.com

Most of our 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. Should you change phone number, home or email address, please immediately contact us so that you don't miss out on important announcements. Updates can be emailed to Mariana Hull at sora.registration@yahoo.com or mail to:

**SOUTH ORLANDO ROWING ASSOCIATION.
P.O. Box 568782
Orlando, FL 32856-8782**



South Orlando Rowing Association

SOUTH ORLANDO ROWING ASSN/BOONE CREW 2011 – 2012 REGISTRATION

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:** _____
School Name: _____ **Grade:** _____
Special Needs/Medical Conditions: _____

Parent/Legal Guardian Information:

Mother's/Legal Guardian Name: _____ **Occupation** _____
Address: _____
(Indicate if same as above)
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
E-mail: _____ (Primary mode of contact with you, please provide)

Father's/Legal Guardian Name: _____ **Occupation** _____
Address: _____
(Indicate if same as above)
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
E-mail: _____ (Primary mode of contact with you, please provide)

 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.



SORA TEAM POLICIES

- 1) Student-athletes are expected to attend ALL scheduled practices and to arrive ON TIME. Unexcused absences will not be tolerated.
- 2) Behavior is expected to contribute to the team's ability to operate in a positive environment. Cursing will not be tolerated and everyone is to treat all with dignity and respect.
- 3) Proper workout attire is required. Boys- no exposed briefs. Girls- no exposed bikini tops. Water bottle w/ name on it. NO bottled water.
- 4) Respect and care for the facility and all equipment.
- 5) Student-athletes will publically represent SORA and our Youth program in a positive manner. This includes internet activities (Facebook, blogs, chat rooms, twitter, YouTube, etc)
- 6) Posting of anything related to SORA and its Youth program must be approved by the coaching staff.
- 7) I will try my best, no matter how difficult this responsibility may become, to do my part to create a respectful, trust worthy environment at SORA. Therefore, I hereby pledge that I will not lie, cheat or steal, nor will I tolerate among us those who do. To help me fulfill this pledge, I realize that I have team captains, coaches, and Youth Committee officers, all of whom I can turn to, anonymously if I must, if I cannot myself assure that a teammate's violation of this pledge ceases immediately.

Travel Rules:

- 1) On-time for all scheduled departures.
- 2) Adherence to dress code.
 - a. Proper travel attire.
 - b. At regattas, shirts will be worn at all-times.
- 3) Adherence to curfew.
- 4) Respect of Judge-referees, competitors and rules of racing.
- 5) No tobacco, alcohol or non-prescription drugs permitted.
- 6) Must obtain coaches' permission before leaving hotel grounds and/or regatta site.

All athletes and their parents are expected to know and understand these rules.

Breaking of any of these rules can result in the suspension and/or dismissal of the student-athlete from the team.



South Orlando Rowing Association

Financial Commitment

All team athletes must be members of the South Orlando Rowing Association (SORA). Each athlete has a financial obligation to SORA for \$1,550.00 for the 2011 - 2012 rowing season. SORA has **extensive fundraising, sponsorship and assistance programs** to help insure that ANY ROWER who wants to participate will be able to.

Tuition fees cover team operating expenses, hospitality costs for spring regattas, and the Awards Banquet at the end of the year. Fees for fall regattas are separate and paid on a race-by-race basis since not all athletes travel to each fall race. Lodging and transportation for overnight regattas, if any, are not included in the tuition dues. There will be additional fees for select rowers who attend end-of-year regattas such as Nationals.

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 \$1,550.00 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	\$200.00 (non-refundable)
Oct 10	\$225.00
Nov 10	\$225.00
Dec 10	\$225.00
Jan 10	\$225.00
Feb 10	\$225.00
Mar 10	\$225.00
Total Dues	\$1,550.00

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.

Ad Book:

Each rower will be responsible for soliciting \$200 in Ad Book sales by the specified (est April due date). A portion of your Ad Book sales will be credited towards your annual dues obligation. If a rower has a shortfall in his/her sales, parents are required to make up the difference by the due date as these requirements help pay for Ad Book printing.

Any ads not paid for by that date will not appear in the Ad Book. It is your responsibility to collect money and art work for all ads.



ROWING TEAM POLICIES AND PROCEDURES (Signature Page)

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

I understand that by not adhering to these policies I can be suspended and/or dismissed from the team.

STATEMENT OF SWIMMING COMPETENCY

I hereby certify that my son or daughter, _____, is 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.

STATEMENT OF FINANCIAL COMMITMENT

I have read and under 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.

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.

Student Name: _____ Date: _____
(please print)

Student Signature: _____

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

Parent/Guardian Signature: _____



EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Athlete's Legal Name: _____ Grade: _____

Athlete's Date of Birth: _____ Date of last tetanus shot: _____

My child is allergic to the following medications: _____

My child has the following allergies: _____

Please identify any serious injuries or illnesses your child has 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 understand if a parent, guardian or student falsifies any signature or information on this emergency treatment authorization, the student will be declared ineligible to participate in any SORA activity for one full calendar year from disclosure date. You further 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, the School Board, 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 of Parent/Legal Guardian _____ Print Name of Parent/Legal Guardian _____ Date _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Street Address _____

City: _____ State: _____ Zip: _____



South Orlando Rowing Association

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: _____

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 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: _____

Phone: _____

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



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: ____ Age: ____ Date of Birth: ____/____/____

School: _____ Grade in School: ____ Sport(s): _____

Home Address: _____ Home Phone: (____) _____

Name of Parent/Guardian: _____ E-mail: _____

Person to Contact in Case of Emergency: _____

Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____	Measles: _____	
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____	Chickenpox: _____	
			FEMALES ONLY (optional)		
			42. When was your first menstrual period? _____		
			43. When was your most recent menstrual period? _____		
			44. How much time do you usually have from the start of one period to the start of another? _____		
			45. How many periods have you had in the last year? _____		
			46. What was the longest time between periods in the last year? _____		

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



South Orlando Rowing Association

Revised 03/10

Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
 Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____
 Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
 ____ Disability: _____ Diagnosis: _____
 ____ Precautions: _____
 ____ Not cleared for: _____ Reason: _____
 ____ Cleared after completing evaluation/rehabilitation for: _____
 ____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____
 Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: _____ Diagnosis: _____

Precautions: _____

Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ___/___/___

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.