

Mohawk Homeschool Rowing Association



Registration Form

ROWER INFORMATION

Season: (Circle) Fall Spring Summer Year _____

Name _____

Sex _____ Date of Birth _____

Height _____ Weight _____

School District _____ Grade _____

Address _____

Home Phone _____

Mother's Name _____

Father's Name _____

Mother Work # _____ Cell _____

Fathers Work # _____ Cell _____

Parent Email _____

Who to call when Parent can't be reached:

Name _____ # _____

Refund Policy:

New Rowers – A two week trial period has been provided.

After that time, the rower will need to make the full or first

Payment. No refunds will be issued after that point

Returning Rowers – No refund unless doctor's note specifies

the rower can no longer row. If a doctor's note is provided,

Refund will be prorated: During first two weeks of practice –

75% refund.

- After 2 weeks of practice – 50% refund

- After 3 weeks of practice – 25% refund

- After 4 weeks of practice no refund

I agree to pay the full amount even if my child is unable to

Finish the rowing season, unless a doctor's note specifies the

Rower is physically unable to compete, in which case the fee

will be prorated according to the above formula.

I agree to pay the full amount even if my child is unable to finish the rowing season, unless a doctor's note specifies the Rower is physically unable to compete, in which case the fee will be prorated according to the above formula. I understand that there is inherent risk, express or implied involved in all water sports. I assume these risks and hereby waive liability from the coaches and administrators of Mohawk Homeschool Rowing Association in the case of an accident, whether caused by the negligence of Mohawk Homeschool Rowing Association or another. In the case of a medical emergency, it is understood that every effort will be made to contact the parents or guardians of my child (named above). In the event a parent cannot be reached, I give permission to the hospital physician to perform proper treatment for my child. I realize it is my responsibility to secure individual health and accident insurance for my child, not that of Mohawk Home School Rowing Association.

I have read and understand the above statement

Parent / Guardian Name (print): _____

Parent / Guardian Signature: _____ Date: _____



Mohawk Homeschool Rowing Association MEDICAL RELEASE FORM

ROWERS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____

BIRTHDATE: _____ GENDER: _____

DATE OF MOST RECENT TETANUS SHOT: _____

ANY KNOWN ALLERGIES (especially to medications): _____

MEDICAL CONDITIONS: _____

PRIMARY MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP OR TYPE NUMBER: _____

ROWERS PRIMARY PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE NUMBER: _____

PARENT OR LEGAL GUARDIAN NAME: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

IN MY ABSENCE, ANY ONE OF THE FOLLOWING PEOPLE, IN THE ORDER IDENTIFIED BELOW, IS HEREBY DESIGNATED TO ACT ON MY BEHALF:

1. SECONDARY CONTACT NAME: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

2. HEAD COACH: _____

3. ASSISTANT COACH: _____

4. TEAM PARENT: _____

In my absence, I hereby give my consent and permission for medical transportation and to have a paramedic and/or duly licensed Doctor of Medicine and/or duly licensed Doctor of Dentistry provide my child or legal guardian, a minor identified as "Rower's Name" above, with any and all medical assistance or treatment deemed necessary in the event of an accident, injury, or sudden illness. Further, I authorize admission to any hospital or medical facility for such treatment, including diagnostic procedures performed by licensed technicians or nurses. I authorize the hospital or medical facility to dispose of any specimens or tissue as appropriate. This release is effective until my arrival and it is revoked by me. I agree to be responsible financially for the cost of each transportation, assistance or treatment.

SIGNATURE: _____

DATE: _____