



# Forest Hills Central Crew 2010 Spring Registration

Welcome to the 2010 Spring Rowing Season!

Here is a checklist of the items needed to register for the spring season:

## **FHPS Athletic Physical Form**

Return the “FHPS Athletic Physical Form” to the [Athletic Office](#) at Central High School by **Monday, March 15 (first day of practice)**. You cannot practice if the Physical Form is not on file – forms are available in the Athletic Office or on our website ([www.fhccrew.org](http://www.fhccrew.org)).

*Note - if an athlete has submitted a physical form to the school for another sport during the 09/10 school year, you are not required to submit another form.*

## **Student Membership Application**

Return one signed application for each rower in your household (this is a two-page application)

## **FHPS Athletic Code of Conduct**

Return one signed “Code of Conduct” to the [Athletic Office](#) for each athlete. You can find a link to the entire FHPS Athletic Handbook on our website ([www.fhccrew.org/forms](http://www.fhccrew.org/forms))

## **On-Line USRowing Waiver**

Complete the on-line USRowing Waiver with your student (waivers must be submitted by the athlete, or their parent or legal guardian if they are under 18 years old). Instructions for completing the waiver are part of this package (for both returning and first year/novice rowers)

## **FHPS Pay-to-Participate Fees**

Return the FHPS “Pay to Participate” Form, along with fees of \$100/student to the [Athletic Office](#) at Central High School

## **Submit Payment**

Spring membership fees are \$300/rower – please note that this is \$100 less than last year because you will submit the “pay to participate” fee directly to Central High School.

The payment can be made in one of the following ways:

- Return the payment with the “Membership Application” to your coach the first week practice (starting March 15)
- Return the payment and forms the night of the Spring Sports Meeting (Thursday, March 18)
- Mail your payment to the Treasurer by Monday, March 22 to the team PO Box:
  - FHC Crew Boosters
  - PO Box 960
  - Ada, MI 49301

\*Payment terms are available – please contact Head Coach, Kacie Johnson ([kjohnson@fhccrew.org](mailto:kjohnson@fhccrew.org)) or Treasurer, Sue Sherman ([ssherman@fhccrew.org](mailto:ssherman@fhccrew.org)).

*It is our policy that no athlete will be denied participation due to financial concerns.*

**FOREST HILLS PUBLIC SCHOOL**  
**Athletic Department**

- |  |
|--|
| <input type="checkbox"/> Central MS        |
| <input type="checkbox"/> Eastern MS        |
| <input type="checkbox"/> Northern Hills MS |
| <input type="checkbox"/> Central HS        |
| <input type="checkbox"/> Northern HS       |
| <input type="checkbox"/> Eastern HS        |

**Physical Examination and Athletic Information Form**

**Athlete Information**

Name: \_\_\_\_\_ Sex: \_\_\_ Age: \_\_\_  
 Date of birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_ Graduation year: \_\_\_  
 Sport(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone #: \_\_\_\_\_  
 Hospital of choice: \_\_\_\_\_  
 Guardian 1: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Guardian 2: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Family doctor: \_\_\_\_\_ Office #: \_\_\_\_\_

**Health History Information**  
 (To be completed by parent/guardian)

Has your son/daughter had or do they have any of the following:

	Yes	No
Head injury-concussion/loss of consciousness		
Dizziness/fainting		
Seizure		
Frequent or severe headaches		
Dental problems		
Allergies-medical and/or seasonal		
High blood pressure		
Racing/Skipping heart beats		
Heart murmur		
Asthma		
Trouble breathing during exercise		
Kidney problems		
Sickle-Cell Anemia		
Hernia		
Diabetes		
Currently taking any medication		
Sprain/strain		
Location: _____		
Broken bone/dislocation of joint		
Location: _____		

**Vital Signs and Review of Systems**

(To be completed by physician)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Pulse: \_\_\_\_\_ BP: \_\_\_\_\_/\_\_\_\_\_  
 Vision: R: \_\_\_\_\_/\_\_\_\_\_  
 Corrected  Uncorrected   
 L: \_\_\_\_\_/\_\_\_\_\_  
 Corrected  Uncorrected   
 Glasses? Yes  No  Contacts? Yes  No

Examination	NL	Abnormal Findings
Eyes/Ears/Nose/Throat		
Neck/Back		
Cardiac		
Chest & Lungs		
Abdomen		
Lymph Nodes		
Musculoskeletal		
Shoulder/Arm		
Wrist/Hand/Finger		
Hip/Thigh		
Knee		
Ankle/Foot		
Findings:		
General medical:		
Musculoskeletal:		
Clearance:		
<input type="checkbox"/> Cleared		
<input type="checkbox"/> Not cleared		
Restrictions:		

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recent Tetanus Booster? Yes <input type="checkbox"/> Date: _____ No <input type="checkbox"/>
Current medications/inhalers: _____
_____
Allergies: _____
Epi Pen: Yes <input type="checkbox"/> No <input type="checkbox"/>

Physician's Office Address: _____
_____
Physician's Phone _____

### **Student Participation**

Adapted from MHSAA Physical

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge.

I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples, but which do not present all the policies to which I am subject.

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Student's Signature

Date

### **Consent to Treat for High School Athletes**

I hereby authorize Forest Hills Public Schools' Sports Medicine Staff (this is to include the Certified Athletic Trainer and Sideline Physician) to evaluate and treat any injuries/illness that occur as a result of my child's participation in athletics. This includes all reasonable and necessary preventative care, first aid, treatment, and rehabilitation for these injuries/illnesses. Furthermore, I grant permission to the Certified Athletic Trainer, Team Physician, and Health Services Staff to share information, written and verbally, pertaining to injuries/illness affecting my child's participation status in athletics with each other, the coaching staff, and necessary administration personnel.

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Parent's/Guardian's Signature

Date

### **FERPA/HIPAA Consent**

Adapted from MHSAA Physical

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics; and I understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

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Parent's/Guardian's Signature

Date

# FOREST HILLS CENTRAL CREW

## 2010 STUDENT MEMBERSHIP APPLICATION

(Please submit one form for EACH athlete on the team)

Athlete Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Athlete e-mail Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Athlete Telephone Number – Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

More than one athlete on team in this household: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_

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Primary Address: \_\_\_\_\_

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

Parent/Guardian name(s): \_\_\_\_\_

Parent/Guardian e-mail: \_\_\_\_\_

Parent/Guardian Telephone Number – Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

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Secondary address (if applicable): \_\_\_\_\_

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

Parent/Guardian name(s): \_\_\_\_\_

Parent/Guardian e-mail: \_\_\_\_\_

Parent/Guardian Telephone Number – Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

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Number of semesters completed at Forest Hills Central High School: \_\_\_\_\_

(If this is your freshman year and started school in September, you have completed “1” semester)

**MEMBERSHIP FEES:** \$300 (The “pay-to-participate” fee of \$100 should be made directly to Central High School)

**Please make checks payable to “FHC Crew”**

FHC Crew is a registered 501C organization and all membership fees are 100% deductible for tax purposes.

*\* No person will be excluded from membership because of financial need. Please contact Head Coach Kacie Johnson to make confidential arrangements for membership.*

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Check # \_\_\_\_\_ Amount \_\_\_\_\_

# FOREST HILLS CENTRAL CREW

## 2010 STUDENT MEMBERSHIP APPLICATION

(Please submit one form for EACH athlete on the team)

***\*\*Every athlete must have a current physical form on file in the FHC Athletic Department Office\*\****

Is a physical form on file in FHC Athletic Department? Yes / No

## 2010-2011 TRAVEL/MEDICAL PERMISSION

I give permission for (athlete's name) \_\_\_\_\_ to travel with the Forest Hills Central High School Crew Team to and from each scheduled event for the period beginning March 15, 2010 and ending March 15, 2011. I also agree to submit an approved transportation form for each instance where I desire to have the above named athlete travel with a chaperone rather than on school or team supplied transportation. In addition, if it becomes necessary, any coach, school district employee or adult chaperone has permission to obtain emergency and/or other medical treatment necessary for my child throughout the same period outlined above.

## HEALTH INSURANCE INFORMATION

(To be used in the case of emergency – All information will be considered confidential)

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Please list health problems or physical restrictions your child has (i.e., allergies, diabetes, migraine, asthma, etc.)

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Please list medications your child takes regularly or must have with him/her at all times (i.e., inhalers, insulin, bee sting kit, etc.) We will keep spare inhalers, bees sting kits etc. in our medical kit if you wish provided it is properly identified with athletes' name. The athlete is responsible for use of any such items.

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Do you have a hospital preference or best available if an emergency should occur in the Grand Rapids area?

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

*A copy of this form is kept at the Boathouse and with the coaching staff when traveling. Please use back if more space is needed*

### ATHLETIC CODE CONTRACT

FOREST HILLS PUBLIC SCHOOLS  
Grand Rapids, Michigan

**This code must be signed by the parent and athlete for each season the student participates in the interscholastic athletic program.**

Our (parent and athlete) signatures on the Athletic Code Contract indicate that we have reviewed the Athletic Code in its entirety and agree to abide by the terms and conditions listed therein.

We understand that participation in the Forest Hills Interscholastic Athletic Program is a privilege that is earned through hard work in the classroom and in practice and through adherence to the high standards of conduct outlined in the Athletic Code.

As parents, we commit to model good sportsmanship to our athletes, coaches, opponent, and game officials. **We agree to help enforce the expectations of the Athletic Code with our athlete. We also agree to report any violation, should they occur, of the Athletic Code by our athlete.**

As an athlete, I agree to abide by the Athletic Code, including my pledge to refrain from:

- Use or possession of tobacco in any form
- Use, possession or being under the influence of alcohol
- Use, possession or being under the influence of a controlled substance (other than prescribed by a physician)
- Engaging in actions, in or out of school, which would bring disfavor upon the school
- Engaging in actions which violate the Student Code of Conduct
- Engaging in actions which violate Team Rules
- Participating in actions, in or out of school, which would be deemed misdemeanors under the criminal code
- Sale or distribution of a controlled substance or alcoholic beverages
- Participating in actions, in or out of school, which would be deemed felonies under the criminal code

Athlete's Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Sport \_\_\_\_\_

ATHLETE'S SIGNATURE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

FHPS Pay to Participate  
Return this form to the Central High School Athletic Office

FOREST HILLS PUBLIC SCHOOLS  
Athletic Department



Interscholastic Athletic Program  
Participation Fee

Year: 20\_\_\_\_ Season:  Fall  Winter  Spring

Student's Name \_\_\_\_\_  CHS  CMS Sport: \_\_\_\_\_  
 NHS  NMS Grade: \_\_\_\_\_  
 EHS  EMS

Student's Name \_\_\_\_\_  CHS  CMS Sport: \_\_\_\_\_  
 NHS  NMS Grade: \_\_\_\_\_  
 EHS  EMS

Student's Name \_\_\_\_\_  CHS  CMS Sport: \_\_\_\_\_  
 NHS  NMS Grade: \_\_\_\_\_  
 EHS  EMS

Middle School Fee: \$60 per season

High School Fee \$100 per season

Annual maximum fees per family: \$400

Fees must be paid in full prior to the beginning of practice

Total Amount: \_\_\_\_\_  
Check # \_\_\_\_\_ payable to "FHPS"  
Cash: \_\_\_\_\_

NO ATHLETE WILL BE DENIED THE OPPORTUNITY TO PARTICIPATE DUE TO FINANCIAL NEED:  
PLEASE CONTACT YOUR PRINCIPAL FOR CONFIDENTIAL ARRANGEMENTS.

Parent's/Guardian's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

If you have children participating in interscholastic athletic in other buildings, please indicate below so we can update our records:

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Sport: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Sport: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Sport: \_\_\_\_\_

# Forest Hills Central Crew

## Annual USRowing Waiver Instructions (returning team members)

The USRowing waiver must be completed on-line by each rower (or their legal guardian for minors) in the 2010 calendar year.

### How does this process work?

When an athlete enters the Roster Code and their last name, the system will attempt to locate their record in the roster. If it is located they'll be prompted to submit their waiver and receive their free, non-privileged USRowing Membership ID.

### Instructions

1) Go to the “Regatta Central” website

<https://www.regattacentral.com/athletes/>

2) Enter the FHC Roster Code (FHC Roster Code: PN-315668)

3) Enter your last name

4) A list of names will appear - select your name from the list

5) You will be asked if you have a current or previous US Rowing Membership number - select “no or unsure” – click the “next” button to proceed to the registration page.

6) Enter your birthdate, address, etc.

7) Read and submit the waiver (**if you are under 18, your parent or guardian must complete and submit this application with you**)

8) You will be issued a “USRowing Membership ID” – please print this page, or, write this number down and save for future reference

**IMPORTANT: Waivers must be submitted by the athlete or their legal guardian. (Coaches are not permitted to submit a waiver on a rower's behalf)**

# Forest Hills Central Crew

## Annual USRowing Waiver Instructions (first year/novice team members)

The USRowing waiver must be completed on-line by each rower (or their legal guardian for minors) in the 2010 calendar year. (*This waiver is required by USRowing for all athletes attending USRowing-registered regattas.*) USRowing is a nonprofit organization recognized by the United States Olympic Committee as the governing body for the sport of rowing in the United States.

### How does this process work?

When an athlete enters the Roster Code and their last name, the system will attempt to locate their record in the roster. If it is located they'll be prompted to submit their waiver and receive their free, non-privileged USRowing Membership ID. Novice rowers will have the opportunity to add their name to the roster, and receive a membership ID.

**IMPORTANT: Waivers must be submitted by the athlete or their legal guardian. (Coaches are not permitted to submit a waiver on a rower's behalf)**

### Instructions

1) Go to the “Regatta Central” website

<https://www.regattacentral.com/athletes/>

2) Enter the FHC Roster Code (PN-315668) and your last name; click the “begin” button

3) The system will attempt to find your name – you will probably get a message that says “*no athlete records were found with the last name provided*”. If you have a sibling on the team, their name may appear. In either case, select the “click here to proceed” option.

4) You will be asked if you have a current or previous US Rowing Membership number - select “no or unsure” – click the “next” button to proceed to the registration page.

5) Complete the information page: Name, Address, Birthdate, etc.

6) Read and submit the waiver (if you are under 18, your parent or guardian must complete and submit this application and waiver with you).

7) You will be issued a “USRowing Membership ID” – please print this page, or, write this number down and save for future reference

**IMPORTANT: Waivers must be submitted by the athlete or their legal guardian. (Coaches are not permitted to submit a waiver on a rower's behalf)**