



Welcome to the 2011 Fall Rowing Season!

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

Student Membership Application

Return one signed application for each rower in your household (this is a two-page application). All Student Membership Applications must be submitted by Thursday, September 15. Applications received after September 15 are subject to a \$20 “late registration” fee. There will be a registration table at the boathouse the week of September 12-15.

On-Line USRowing Waiver (new rowers only)

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 on the FHC Crew website.

To all returning rowers, your waiver from the spring is good through the fall season – no need to complete another waiver until the spring season.

FHPS Athletic Physical Form

Return the “FHPS Athletic Physical Form” to the **Athletic Office** at Central High School (the form is posted on the FHC Crew website)

Submit Payment

Fall membership fees are \$100 for new rowers, and \$50 for returning rowers, with reduced rates for members of the Fall '11 Marching Band and Visual Unit.

***Returning rower** - \$50 (\$35 if member of Marching Band or Visual Unit in Fall 2011)

***New rower** - \$100 (\$75 if member of Marching Band or Visual Unit in Fall 2011)

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

*Return the payment with the “Membership Application” to the registration table at the boathouse the week of September 12-15

*Payment terms are available – please contact Head Coach, Jerry Bradford (jbradford@fhccrew.org) or Treasurer, Sue Sherman (ssherman@fhccrew.org).

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

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 2011 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)



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:** _____

Primary Address: _____

City: _____ **Zip:** _____

Parent/Guardian name(s): _____

Parent/Guardian e-mail: _____

Parent/Guardian Telephone Number –

Home: _____ **Cell Phone:** _____ **Cell Phone:** _____

Secondary address (if applicable):

City: _____ **Zip:** _____

Parent/Guardian name(s): _____

Parent/Guardian e-mail: _____

Parent/Guardian Telephone Number –

Home: _____ **Cell Phone:** _____ **Cell Phone:** _____

Number of semesters completed at Forest Hills Central High School: _____

(If this is your freshman year, you have completed “0” semesters; sophomore year, 2 semesters)

FALL MEMBERSHIP FEES:

New Rower - \$100 (if member of Marching Band or Visual Unit - \$75)

Returning Rower - \$50 (if member of Marching Band or Visual Unit - \$35)

Please make checks payable to “FHC Crew”

FHC Crew is a registered 501C organization.

** No person will be excluded from membership because of financial need please contact Head Coach, Jerry Bradford (jbradford@fhccrew.org) or Treasurer, Sue Sherman (ssherman@fhccrew.org).*

Check # _____ **Amount** _____

****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



2011-2012 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 September 12, 2011 and ending June 8, 2012. 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.)

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.

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.