



GREAT BRIDGE CREW CLUB

September 1, 2022-June 30, 2023

PARENT MEMBERSHIP AGREEMENT

Please fill out, sign, and return the signature page to the club secretary.

Please keep the following pages for your reference.

Great Bridge Crew Club (GBCC) is a competitive athletic school club for students of Great Bridge High School (GBHS), Great Bridge Middle School, and other Chesapeake Area Public high schools dedicated to fostering the sport of rowing, developing young athletes, and instilling a sense of personal responsibility. Members will learn sportsmanship, boatmanship, as well as the ability to work with others toward a common goal for the benefit of all involved. GBCC is a non-profit organization that does not receive funds from the school system or other outside funding. GBCC relies on dues, donations, and fundraising to support the operating costs and provide for the purchase of crew shells, supporting equipment, and various other Club related expenses.

When a Rower joins GBCC, his/her parents or legal guardians also become part of the club as non-rowing members. Both student Rowers and parents are expected to participate in fundraising and volunteer activities. **A novice is defined as a rower new to crew with no previous rowing experience, regardless of age.** A **“Rower”** is defined as any athlete that participates in crew (coxswains and oarsmen). A Rower parent/family is defined as the legal guardians or custodial parents of the rower.

All persons associating themselves with the GBCC are to always conduct themselves in a respectful manner exemplifying good sportsmanship when interacting with any person in any setting. All Rowers, Coaches, Parents, and Family Guests are subject to GBCC rules during all team activities, including social, competitive, or volunteer gatherings. Any event in which Rowers and Coaches are present is considered to be under Chesapeake Public Schools' jurisdiction, school rules are applicable. Parents and guardians are to be respectful towards each other to set a positive example and demonstrate team spirit and unity.

GBCC participation requires a member to be in “Good Standing”. Good Standing is defined as:

- GBCC dues must be in “Good Standing” as defined by GBCC By-Laws.
- Parents/guardians/Rowers(s) must complete, and sign the membership contract, and all associated documents.
- Rowers and parents follow the policies as outlined in the Great Bridge Crew Club By-Laws, GBCC Rower Contract, GBCC Parent Contract, the School Student Handbook, and GBCC Handbook.
- Rowers must have a current VHSL physical on record with GBCC and complete a qualifying swim test.
- **Parents/guardian(s) must participate in parent volunteer requirements.**
- Rowers must maintain academic and athletic eligibility as defined by their respective schools.
- Rowers must meet the Coaches' attendance standards (water, land, erg, gym practices, competitions, team events, meetings, trailer work, volunteer service, team fundraising events, Friends of the Library, and as determined by the coach and Board of Directors).

Members will be considered “not in good standing” if any of the above requirements are not met. Members in good standing shall enjoy the safe use of all amenities owned by GBCC as determined by Coach. Rowers not in good standing will be barred from participation in GBCC activities upon return to “Good Standing”.



Regattas

Rower participation is mandatory at all regattas unless authorized by the Head Coach in advance.

Rowers' boat seats are by coach selection. GBCC is a competitive athletic team that strives to field the most competitive boat entries in each regatta as determined by the Head Coach. The club strives to ensure all rowers have the opportunity to compete, however participation in all regattas is not guaranteed and is based on the coaches' selection.

The club will provide lodging for rowers invited to participate in the Mid-Atlantic Erg Pull, the Stotesbury Cup Regatta, Virginia Scholastic Rowing Assn Championships (States), and Scholastic Rowing Association of America National Championship Regattas. Other regattas will be on a case-by-case basis as approved by the BoD and membership.

Rowers are not permitted to drive to and from regattas under any circumstances.

GBCC participates in competition events outside of the local area which may require very early departure times or overnight travel and lodging. Report time, provided by the coaching staff, is critical in that this allows the team the time necessary to set up properly.

Rowers must check out with the Head Coach or the chaperone in charge prior to leaving a regatta.

Immediately following all regattas, the team will reconvene at the boat house for trailer unloading. The time will be communicated to your Rower and any changes will be announced by team chat. This is a mandatory event for all rowers unless prior permission from the Coach is obtained to be excused. Due to varying factors, ie, traffic, a general time frame will be given, and updated throughout travel.

The **Regatta Travel Coordinator (RTC)** will work to organize rides for rowers who will not be traveling with their families. Parents/rowers are responsible to respond to the RTC with their travel plans and notifying the RTC if they will require transportation to and from an event. Families who have additional seats available to transport other rowers should let the RTC know. Rowers and families travel to events at their own expense, except as noted above. There is a charge for Parking and T-shirts, so having cash at events is beneficial. Rowers may also want to have money for pre and post-regatta food.

Parent Membership Meetings

General Membership meetings are generally scheduled monthly, generally held in the first or second week of the month depending on meeting site availability, and will be posted to the team app. **These meetings are considered part of the parent volunteer requirement.** The purpose of these meetings is to review the budget, upcoming club or fundraising events, vote on any issues or expenditures requiring general membership approval and to discuss and/or update issues not suitable for the website. Attendance by one family member in these meetings ensures that you will be an integral part of the decision-making process and success of GBCC. Not attending these meetings is not an excuse for being unaware of club issues and changes.



Board of Directors Meetings

Board of Directors meetings are generally held the week prior to a general membership meeting. The meetings are open to members who desire to attend provided a 48-hour notice is emailed to a board member. They may vote to hold a closed executive session as per the GBCC By-Laws. If a member has an agenda item they would like addressed at a board meeting, they must present it to the President or Vice President of the board 48 hours prior to the board meeting. The item will be given to the Secretary of the board to be placed on the board meeting agenda. They will determine if it is an appropriate agenda item and address it accordingly. If a critical issue arises after the board meeting and before the general meeting, the parent may contact the GBCC President no later than 24 hours before the general meeting. Once the agenda is set, it will not be changed, except in a dire emergency. Any other issues requiring attention can be brought to a board member at any time and will be addressed accordingly. Board member contact information is posted on the GBCC website.

Communications with the Coaching Staff

The Coaches assist in developing leadership and responsibility with the Rowers. As such, all communication or concern regarding seats and information should be communicated or requested by the Rower to the Coach or Student Officers. **Parents may communicate a specific concern regarding their Rower if they feel it's important for the Coach to know only if it will impact Rowing/Training.**

All other questions, concerns, or issues regarding Lineups, Dues, Regattas, Operations, and Complaints are to be communicated to a board member.

Spring Break Training Camp

GBCC organizes and participates in an annual spring training camp retreat at a facility in Manning, South Carolina on Lake Marion. This camp is **mandatory** for all Rowers and the cost of the camp is included in the Rowers dues and club operating expenses. There may be an additional cost of food to sustain the Rowers during the camp. The camp is run by our coaches with 8 parent volunteers (4 male/4 female).

2022 Family Service Hour Requirements

GBCC is a parent-run organization. Participation by the membership is vital to the success of our program. GBCC parents serve as board members, EVSRA officials, launch drivers, event planners, facility and boat maintenance, team publicity and social media managers, chaperones, uniform managers, and many more functions to keep our club running. Each family is required to participate in the GBCC Committee Participation Program when it comes to the operation of the club.

Each GBCC family must sign up for one practice support day per month. Many parents volunteer for more than one, but you will be asked to sign up for one day per month during the fall and spring seasons. If you cannot fulfill your commitment, you will be responsible for sending out a message to find someone to swap with or fill in for you.



Great Bridge Crew Club 2022-2023 Rower Family Commitment

Please fill out, sign, and return the signature page to the club secretary. Please keep the previous pages for your reference

By signing below, I/we acknowledge that I/we have read and understood the Great Bridge Crew Club Parent Contract in its entirety and agree to abide by the policies and guidelines as set forth by the coaches and the board. I/We understand my participation in GBCC will help to ensure the Rowers have competitive equipment and the best coaching possible to enable them to achieve their full potential as rowers and team members. We understand the Rower requirements, Parent participation, and volunteering requirements placed on the membership and agree to participate fully.

GBCC Committee Participation (Circle All that you will support)

Committee position descriptions can be found on the GBCC website. Additional questions can be directed to the existing committee chairs or the Vice-President of the board. Multiple positions are available for each committee and novice parents are welcome to shadow existing committee members.

- Strategic Planning Committee – Develops and promotes 5 and 20-year plans for the club
- EVSRA volunteer – Volunteers for duties during EVSRA-sponsored regattas
- Food Trailer – Buy and pack rower food for regattas. Pulls food trailer to and from regattas.
- Concerts Coordination – Coordinate parent volunteers to work concerts and sporting events
- Aeration Fundraiser – Coordinate fundraiser or work the fundraiser by supervising rowers
- Greenery Fundraiser – Coordinate the sale of greenery before and during the Xmas season
- Golf Tournament Coordination - Coordinate fundraiser or work the fundraiser in various ways
- External Fundraising – Work with outside sponsors and businesses to raise money for the club
- Publicity – Ensure club accomplishments are published in local papers and passed to the school and city
- Maintenance – Maintain the boats and launches in safe and good working order
- Trailer driver – Haul the boat trailer to regattas
- Parent Social Coordinator – Coordinate parent social events
- Practice Parent – Safety supervisor for practices and assist coaches by prepping/returning launches
- Recruiting – Coordinate recruiting efforts at the schools and via social media
- Regattas / Travel Coordinator – Coordinate hotel reservations and travel documentation
- Spring Break Parent – Attend Spring Break Camp with the rowers
- Uniform & Spirit Wear – Coordinate the purchase and distribution of uniforms and spirit wear
- Website Administrator – Maintain website, social media, and email distributions
- Election Committee – Coordinate and required elections and votes required of the general members
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Rower's name printed

Parent/Guardian name printed

Parent/Guardian Signature

Date

Parent/Guardian name printed

Parent/Guardian Signature

Date



Great Bridge Crew Club Parent Membership Agreement Signature Page

I, the parent or guardian acting on behalf of the rower I am registering, and myself, hereby apply for membership to Great Bridge Crew Club herein referred to as GBCC. If accepted for membership, the rower and I/we, jointly and collectively agree to the following.

1. We have read and will support and comply with the Membership Agreement and By-Laws of GBCC and will comply with the rules and regulations of any facility where practices, regattas, meetings, or any other team functions are held.
2. I will complete GBCC's Rower Registration, GBCC's Medical and Emergency Contact Form, the GBCC Financial Agreement, GBCC's Anti-Bullying Policy, USRowing Release of Liability Waiver, as requested, and keep the Rower and Family Accounts with GBCC current, should any changes occur in contact, medical or electronic payment information.
3. I/We will provide a copy of a current VHSL physical to GBCC within 30 days of the beginning of the Fall Season.
4. Rower agrees to maintain academic and athletic eligibility as defined by their respective school.
5. I will pay the Membership Dues as set forth in the GBCC Financial Contract. I will make all payments in accordance with the schedule and payment method indication and pay any additional fees and other expenses, such as uniform fees, fees associated with invitational regattas and travel to and from, or any other additional team fees as they occur. I understand that GBCC will charge my rower account as needed with these items and
6. I/We understand that while the team publishes practice schedules, there may be occurrences where the Rowers practice time may have to be changed by GBCC with a short lead time.
7. I/We understand that the Rower will wear GBCC team apparel when representing GBCC at all regattas and team events.
8. I/We understand that during the competitive season, GBCC parents may be assigned to work in regatta support positions. As a member of GBCC's team of parents, I agree to GBCC's Committee Participation and will fulfill the requirements of this program as set out by the Board of Directors.
9. The primary method of communication of team news, practice schedules, regatta dates and other team events is through the team app and email.
10. I will notify the Board, by email via the President, if my I/rower(s) wish to withdraw from GBCC. The rower should personally notify his/her coach of their intention to leave GBCC. I understand that my notice to the Board of Directors will begin a 60 notice period. **I understand that I will be required to pay any dues and other required fees during the 60 notice and that our withdrawal shall not change our financial or other obligations for the remainder of the Contract Term, unless the withdrawal is due to a move out of the Chesapeake area.**
11. I understand that a default from my family under this contract or the withdrawal from GBCC shall not release me.

Rower's name printed

Parent/Guardian name printed

Parent/Guardian Signature

Date

Parent/Guardian name printed

Parent/Guardian Signature

Date

Great Bridge Crew Club Anti-Bullying Agreement

The Coaches and Officers of Great Bridge Crew Club are committed to providing a welcoming, inclusive, and safe environment for all of our members, both adults and children.

Bullying of any kind is not tolerated at our club. We take a proactive approach to prevent bullying of anyone from occurring and will respond to all concerns and disclosures of bullying, prioritizing the well-being of all children and adults at risk. We believe that in most cases, addressed early on, bullying can be effectively stopped and everyone can continue to enjoy rowing.

We strongly encourage all members to report incidents of bullying to the Head Coach or a member of the Board of Directors to enable us all to work together to address it.

Preventing bullying

- Our club will make this Anti-Bullying Statement easily available to all members and visitors
- Our introduction to new club members and visitors includes outlining our anti-bullying policy
- All rowers and parents of rowers must adhere to and sign the Club's Code of Conduct upon joining
- A member who does not adhere to the Code of Conduct may be the subject of the club's disciplinary process and ultimately have sanctions applied, such as suspension or withdrawal of membership
- The GBCC Board of Directors is responsible for raising awareness of our anti-bullying statement and following our procedures (see 'what to do if bullying occurs').

Great Bridge Crew Club has a responsibility to:

- clearly communicate that bullying is not tolerated in the club;
- be a contact point for children and adults to speak to about bullying concerns and disclosures;
- talk to the child or adult to ask them what is happening and what they can do to help;
- if bullying is taking place, to follow the club's anti-bullying procedures;

What to do if bullying occurs

- Talk to the GBCC Board President (or a Board Member member if the President is not available). We cannot promise to keep the bullying secret if we are concerned about someone's safety and well-being, but we will do our best to handle all concerns and 5 disclosures sensitively, working with you to find practical solutions that keep everyone safe and enjoying rowing

For under 18s:

1. The GBCC Board President and Head Coach will meet with the young person being bullied and their parents to agree how to address the bullying. We will make written notes after the meeting to summarize what has been said and agreed upon; these will be seen and signed by those present at the meeting.

2. If the young person chooses to handle the bullying themselves, ideas for doing so will be discussed with the parents and young person unless there are concerns that this puts them or someone else at risk of (further) harm

3. If the young person being bullied agrees, or there is a concern that others may be at risk of harm, those bullying, and their parents will be asked to meet with the CGBCC President.

4. If both parties agree, a meeting between the young person bullying and young person being bullied, their parents and either the Head Coach or Board President, will be held to agree how to prevent further bullying and an agreement made and put in writing. This is likely to include informing the coach of decisions so that the coach can monitor the situation

5. Follow-up meetings will be scheduled (where feasible) to check in on everyone involved and ensure the bullying has ceased.

6. If the bullying continues, GBCC may request the bully to leave the club, either temporarily or permanently.

7. Where there is a concern that the young person bullying may be experiencing harm themselves, may be harming others outside of rowing, and/or the bullying is severe, our club will report the concerns to the USRowing Governance, who will work with us in line with the USRowing Safeguarding and Protecting Children Policy.

If the person bullying is a coach or other adult in a position of trust:

- If the person bullying is the Head Coach, concerns should be reported to a Board Member.
- The GBCC Board of Directors and USRowing Governance must always be informed
- Where applicable, the case will follow the USRowing Disciplinary procedures



GBCC FINANCIAL AGREEMENT

Regular and Partial Season

10 September 2022 - 10 August 2023

Fall payment plan: 10 September 2022 - 10 February 2023

Spring payment plan: 10 January 2023 - 10 June 2023

Rower's Name: _____

(If more than one Rower please enter both names above)

Parent/Guardian's Name: _____

Contact Number: _____ Email Address: _____

Dues Summary

Category	Rowers Dues	Initial below for Season Selection	Indicate Fall or Spring
2022-2023 Full Season	\$2,600		
2022-2023 Partial Season	\$1,300		

*Per GBCC Bylaws ***statement about second rower.

_____ GBCC Regular Season is from 1 September to 30 June. Participants of a Partial season have the option to participate in Winter Conditioning from the end of November (weather dependent) through early March when we return to the water.

_____ Payment must be received by the GBCC Treasurer by the due date posted on the monthly statement to ensure your account remains "In Good Standing." Accounts more than 30 days' delinquent will receive notification of delinquency. Rowers more than 45 days' delinquent will not be allowed to participate in club activities including, but not limited to, practice, competitions and workouts.

_____ If participating in any of the GBCC Dues Fund Raising opportunities and are awaiting the disbursement of funding as payment towards your Rowers dues, please notify the GBCC Treasurer when monthly statements are provided. Once disbursement of funding has occurred if any additional dues amounts is required that balance will be added to the proceeding months "Balance Due."

_____ As per GBCC Bylaws any delinquent payments more than 90 days overdue will result in termination from GBCC.

_____ Requests for refunds of dues will be in accordance with GBCC By-Laws.

If you have questions or concerns regarding payment or available scholarships please contact Gina Pastor at treasurer@greatbridgecrew.org.

Payments can be made online via the instructions on the monthly statement you will receive, Zelle to the club account using treasurer@greatbridgecrew.org, or mailed to GBCC, 1245-G Cedar Rd PMB 105, Chesapeake, VA 23322. Please make checks payable to: **Great Bridge Crew Club (GBCC)** (Include the rowers name on the check)

Parent/Guardian's Signature and Date

This is a legal document. Please read and understand this document before signing. If you have questions, please consult an attorney

PRIVACY ACT STATEMENT

- Authority:** This agreement shall be governed exclusively by the laws of Virginia, without regard for conflict of law provisions.
- Purpose:** The purpose of this information is to form a legally binding release agreement.
- Routine Uses:** The information will be used to evaluate and defend potential claims against the individuals concerned. The information could ultimately be used in civil litigation and in the course of preparation for litigation.
- Disclosure:** Supplying this information is voluntary; however, failure to provide the information could result in a denial of permission to participate in the events stated below.

PREFACE

Participation in the Great Bridge Crew Club (GBCC) training is not risk free. The same elements that contribute to the unique character of rowing such as physical exertion or risk can cause loss or damage to equipment, and injury, illness or in extreme cases, permanent trauma or death to participants. The need for you to understand what to expect and be informed of some of the possible risks is important.

GREAT BRIDGE CREW ACKNOWLEDGEMENT OF RISK

Rowing can be a hazardous activity. The obvious accidents that occur while participating in rowing are drowning and bodily injury. Whenever there is a possibility of drowning due to falling out of the shell, you/your rower may hit objects underwater, be hit by the equipment itself, or by a passing boat/shell. Risks of near drowning may cause serious injury with the possibility of drowning/death. You will be rowing in a variety of shells as well as on a variety of open water locations.

Equipment may be defective and/or fail. Each shell and assigned equipment is periodically inspected for damage, however, the conditions of the environment in which rowing is conducted, in conjunction with the damages caused by consistent use of the rowing equipment may cause defects in the equipment. These defects may contribute to injuries.

You/your rower may incur cuts, bruises, strains/sprains, blisters, and fractures from the equipment.

The list of possible accidents stated above may inflict bodily injury, disease, strains, fractures, partial and/or total paralysis, and other ailments that could cause serious disability or death. It is also possible that some participants would suffer mental anguish or trauma from the experience or their injuries.

This list is not an exclusive or exhaustive list of possible injuries, trauma, or accidents that may occur while rowing. Serious injuries, such as paralysis and death, are rare and you/your rower are not likely to encounter them. However, they have occurred, and you need to know about them and other possible injuries not mentioned above. These injuries occur more often when the participants are not physically able to undertake the rowing training.

INDIVIDUAL RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT

1. I, the undersigned, hereby certify that I am in good physical condition and am fully capable of participating in the crew/rowing training event. I have read and fully understand the above paragraph concerning the possible risks associated with my participation in this activity. I understand and agree to assume full responsibility for any and all bodily injury and any and all expenses incurred as a result of my negligence, negligence of another participant in GBCC rowing events, and/or negligence of the GBCC coaching staff and or its officers and employees. I further understand and agree that GBCC and its officers, agents, and employees reserve the right, at any time, to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in this training event.

2. I, the undersigned, acting in my own capacity and on behalf of myself, my heirs, and estate, in consideration of receiving permission from the President, Great Bridge Crew Club, to participate in and utilize the GBCC rowing equipment, do hereby release the Great Bridge Crew Club and Atlantic Yacht Basin (AYB) from any liability, claims, court actions or causes of action for personal injury or property damage which I may suffer while participating in said event, during my transportation to and from the site, or while using the GBCC/AYB facilities. I also agree to hold

harmless the same individuals and entities outlined above from any liability, claims, court actions, or causes of action for any damage or injury I may cause to the person or property of other persons while participating in the said event.

3. By my signature below, I certify that (1) I do not have any medical condition that would prevent me from participating in GBCC rowing on the water and off-water training events. (2) I have adequate health, disability, and life insurance to cover any possible injury or loss that I may suffer during rowing training. I further give my permission to be transported to the nearest medical facility or hospital and authorize any coach, parent, and/or medical personnel to render necessary medical care, in the unlikely event that I am injured.

4. I understand and agree that if any part of this Agreement shall be declared unenforceable or void by a court of competent jurisdiction, the remaining parts shall remain in full force and effect. I further understand and agree that a copy of this agreement shall be given the same legal sufficiency as the original.

5. Exclusive Venue and Jurisdiction. Any lawsuit or legal proceeding arising out of or relating to this agreement in any way whatsoever shall be exclusively brought in the Federal and State courts of Virginia. Each party expressly consents and submits to this exclusive jurisdiction and venue.

I certify that I have read, fully understand and make this Agreement voluntarily, realizing the consequences of said Agreement this _____ day of _____, 20____.

Printed Name

Phone Number

Address

Emergency Contact Name and Phone Number

Participant Signature (Rower/Practice Parent)

Date

Age

Parent/Legal Guardian Signature (if under 18 years of age)

Date

Great Bridge Crew Club Board Use Only

Date of Event

Type of Event

GBCC Board Member Name and Signature



Great Bridge Crew Club Rower

Medical & Emergency Contact Information Sheet



Rower Information					Parent Information			
Name (Last, First)					Parent 1 Name			
Birth date					Parent 2 Name			
Address					Address			
Phone (h)					Parent 1 Work			
cell					Parent 2 Work			
Rower Email					Parent 1 cell			
Grad Yr.					Parent 2 cell			
Parent 1 Email					Parent 2 Email			
Uniform Info	Height		Weight		Chest		Waist	
	Inseam		Hips		Bust		Body Type	
	T-Shirt	S M L XL			Pants		Sleeve	
Emergency Contact Information								
Emergency Contact Name								
Phone Number								
Relationship to Rower								
Medical Information								
Physician Name / Group								
Physician Phone Number								
Dentist Name / Group								
Dentist Phone Number								
Insurance Co.								
Policy/Group #								
<i>Please list below any and all medical information that a doctor or EMT may need in the event of an emergency.</i>								
Allergies								
Date of Last Tetanus								
Medications Currently Taking								
Prescription / Dosage								
Over the Counter								
Recent Medical Issues								
Known Medical conditions								
Other (Asthma, Contacts, etc.)								

This form will be used if a team member is injured and parents or guardians cannot be reached to obtain permission for emergency treatment.

We grant permission to authorized GBCC Representatives to sign for necessary medical attention for the Rower(s) listed while participating in GBCC for the length of one year from the date signed.

Parent Signature _____ Date _____

Thank you for your cooperation. All of the above information is confidential and will be treated as such. If you have questions or concerns, please contact the Club President.



USRowing

Release of Liability

ACCEPTANCE OF THIS WAIVER IS REQUIRED FOR ACCEPTANCE OF MEMBERSHIP IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, during the policy term 01/01/2022 - 01/15/2023, 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, and 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 ("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, or the negligence of the Releasee named 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 USRowing 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, the Regatta, their administrators, directors, 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 Releasee or otherwise, including 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 expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.
5. AGREE to be familiar with, comply with, and be bound by the Rules and Regulations of USRowing, including but not limited to the USRowing Rules of Rowing (www.usrowing.org), the World Anti-Doping Code (www.usada.org), and the codes, rules, policies and procedures of the U.S. Center for SafeSport (the "SafeSport Rules," www.SafeSport.org), including with respect to the exclusive authority and jurisdiction of the U.S. Center for SafeSport to investigate and resolve reported sexual misconduct and the discretionary authority to investigate and resolve reports of other misconduct. I further agree that arbitration pursuant to the binding arbitration provisions of the SafeSport Rules shall be the exclusive method to resolve any dispute over any disciplinary action taken by USRowing as a result of a USCSS investigation (the "Arbitration Procedure"). I have read this agreement, fully understand its terms, understand that I 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 to 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.
6. IN CONSIDERATION of being permitted to compete, officiate, observe, work, or participate in any way in the EVENT(S), I for myself, my personal representatives, heirs, and next of kin:
 1. Affirm that I have not been diagnosed with, demonstrated any symptoms of or have in any way been exposed to any communicable diseases (including but not limited to the virus commonly referred to as COVID-19) within the last 14 days, or that I have complied with all local, state and federal guidelines and regulations as related to communicable diseases;

2. Acknowledge that I am aware that by entering the premises and participating in rowing-related and sponsored activities that there are risks to me and to those with whom I interact of exposure, directly or indirectly, to a communicable disease(s) including but not limited to the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", "COVID-19" and/or any mutation or variation thereof;

3. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, the Regatta, their administrators, directors, 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, all for the purposes herein referred to as "Releasees", from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefor, whether caused by the negligence of the Releasees or otherwise;

4. HEREBY agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to my illness or death, whether caused by the negligence of the Releasees or otherwise;

I HAVE READ THIS COMMUNICABLE DISEASE RELATED HOLD HARMLESS, RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Printed Name of Participant: _____

USRowing # _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: _____ **Date:** _____

Participant's Signature: _____

Organization: _____

PARENTAL CONSENT (If participant is under the age of 18)

AND I, the minor's parent and/or legal guardian, understand the nature of rowing activities 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 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 by the negligence of the Releasees or otherwise, including negligent rescue operations, 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 Releasee, 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, to the fullest extent permitted by law.

Printed Name of Parent/Guardian: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone: _____ **Date:** _____

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

This is THE USRowing Release of Liability, which should be copied for your use.

VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year **MAY 1** of the current year through **JUNE 30** of the succeeding year.

For school year _____

PART I- ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

Male _____
Female _____

PRINT CLEARLY

Name _____ Student ID# _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competitions for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

→Student Signature: _____ Date: _____

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II- MEDICAL HISTORY (Explain "YES" answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.
Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25. Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>	28. When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>		
HEART HEALTH QUESTIONS ABOUT YOU			32. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	37. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>		
			38. Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>		
			39. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>		
			40. Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>		
			41. Are you on a special diet or do you avoid certain types of foods or food groups?				
			42. Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>		
			43. Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>		
			44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____				
14. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY		YES	NO	
15. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	45. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			46. Age when you had your first menstrual period: _____				
16. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	47. Number of periods in the last 12 months: _____				
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	48. When was your most recent menstrual period? _____				
18. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS BELOW				
			#	>>			
			#	>>			
			#	>>			
			#	>>			
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	#	>>			
BONE AND JOINT QUESTIONS			#	>>			
20. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	#	>>			
21. Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	List medications and nutritional supplements you are currently taking here:				
MEDICAL QUESTIONS							
22. Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>					

→ Parent/Guardian Signature: _____ Date: _____ → Athlete's Signature: _____

PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME _____ DATE OF BIRTH _____ SCHOOL _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/ L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- ☐ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION
- ☐ MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF: _____
- ☐ MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: _____
Reason: _____
- ☐ NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: _____
- ☐ NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: _____ (MD, DO, NP or PA) + DATE**: _____

EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:

Name of medical insurance company: _____

Policy number: _____ Name of policy holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-8282.

PART V- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: _____ GRADE: _____ AGE: _____ DOB: _____

HIGH SCHOOL: _____ CITY: _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: _____

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? _____ LIST THE EMERGENCY MEDICATION: _____

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? _____ IF SO, WHAT? _____

DOES THE STUDENT WEAR CONTACT LENSES? _____ DATE OF LAST Tdap OR Td (TETANUS) SHOT: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

→ SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

RELATIONSHIP TO STUDENT: _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: _____

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.