



## **FORMS TO FILL OUT AND SEND TO ETRO:**

Forms may be submitted to: ETRO  
250 E. Broadway  
Maryville, TN 37804

### **#1 Consent to Participate Form**

This form documents basic information about the rower and is required each season. Please complete the entire form; it provides necessary contact information.

### **#2 Financial Payment Form**

This form outlines costs, due dates, and payment options

### **#3 Medical History Questions and Authorization to Treat**

This form indicates that to the best of the parents' knowledge their rower is physically able to participate in rowing and related activities with ETRO, and allows ETRO to obtain emergency medical care for your rower at a hospital or other medical facility in the event of injury or illness at a rowing practice, or regatta when a parent or guardian is not available. This form will be duplicated so that a copy can travel with the crew to all events while the original is kept on file at the boathouse. Please include both your Insurance Carrier and Policy Number, and attach a copy of the insurance card as well.

### **#4 Codes of Conduct**

The parent and rower/coxswain sign to indicate their understanding of the conduct expected of East Tennessee Rowing Organization rowers at practice and on the road.

### **#5 Scholarship Applications**

If it is a financial hardship for your rower to participate in ETRO, please fill out and return the required information.

### **#6 Media Release**

This form releases your rower to participate in photographs, video, audio recordings, and/or text material promoting SMRC and ETRO.

### **#7 Parental Consent Release and Waiver of Liability**

This document is required each season. Please read, sign and return.



## **Consent to Participate**

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

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Date of Birth \_\_\_\_\_

I hereby grant permission for my child to participate in rowing activities as a 2009-2010 East Tennessee Rowing Organization member in association with Smoky Mountain Rowing Center. I acknowledge that my child is able to swim at least fifty yards and he or she has no physical or health condition that would prevent his or her participation in the sport of rowing. Rowing is an extremely safe sport and it is unlikely that any harm will come to any participant. However, I agree to hold harmless East Tennessee Rowing Organization and Smoky Mountain Rowing Center, its coaches or owners in the event of personal injury to my child during the course of any Club activity. I have read and signed the US Rowing Liability Waiver.

Signed/Date \_\_\_\_\_ / \_\_\_\_\_

# 2009-2010 East Tennessee Rowing Organization Fees

**\*\*Please circle your desired billing plan and sign acknowledgement at bottom of page\*\***

Season 1 (Spring: March-May)  
Season 2 (Summer)  
Season 3 (Fall: Aug. 17-Nov. 15)  
Season 4 (Winter: Dec.-Feb.)  
Novice Learn to Row- \$75.00

**Option 1:** Billed by Season  
**\$600.00 due August 15-20<sup>th</sup>**  
**A portion of this amount will be tax deductible**  
**Payment by check or credit card**

**Option 2:** Billed monthly  
**\$200.00 due August 15-20<sup>th</sup>**  
**\$200.00 due September 15-20<sup>th</sup>**  
**\$200.00 due October 15-20<sup>th</sup>**  
**A portion of this amount will be tax deductible**  
**Payment by check**

You can pay by credit card at [regattacentral.com](http://regattacentral.com) under "Programs".  
Checks should be made to ETRO and mailed or delivered to ETRO 250 E. Broadway Maryville, TN 37804.

Billing/payment inquiries should be directed to Donna Bryant ([dbryant@rowsmoky.com](mailto:dbryant@rowsmoky.com)) including multiple rower fees, alternative payment methods and periods.

We have outlined what your fees pay for and what they do not below. Even with due diligence, some of our costs may increase unexpectedly; we will do our best to make you aware of any changes in a reasonable time frame.

## **ETRO Juniors fees cover:**

Individual Membership to US Rowing  
Organizational Membership to US Rowing  
Liability Insurance  
Equipment use including rowing shells, coach launches, and indoor rowers  
Facility use including Lashbrooke Rowing Venue  
Dinner and breakfast for overnight regattas (when indicated)  
Lodging for overnight regattas (when indicated)  
Accommodations at team tent during regattas  
Regatta registration fees  
Coaching expenses  
Boathouse and office supplies

## **ETRO Juniors fees do not cover:**

Uniform or spirit wear  
Regatta travel unless specified  
Team banquets or dinners  
Acquisition of new equipment  
National championship regattas

I \_\_\_\_\_ acknowledge and understand the billing structure and procedures for ETRO. I understand that I am financially responsible for these fees and any late penalties that may apply. Withdrawal and release from financial obligations must be made in writing to ETRO.

Participant name (Print) \_\_\_\_\_

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



## 2009-2010 Medical History Questionnaire

Instructions: This form must be completed by a parent/guardian and turned on the first day of practice.  
Athlete Name (first middle last) \_\_\_\_\_ Birth Date \_\_\_\_\_

- |     | YES | NO  |   |
|-----|-----|-----|---|
| 1.  | [ ] | [ ] | Are you currently under a doctor's care? If so, who and why?                                  |
| 2.  | [ ] | [ ] | Do you take any medications daily or routinely? Please list below.                            |
| 3.  | [ ] | [ ] | Allergic to any medications (aspirin, penicillin, etc.)? Please list below.                   |
| 4.  | [ ] | [ ] | Allergic to any food or insect?   |
| 5.  | [ ] | [ ] | Any chronic or recurrent illnesses (diabetes, asthma, ulcer, bronchitis, sickle cell anemia)? |
| 6.  | [ ] | [ ] | Any hospitalizations?   |
| 7.  | [ ] | [ ] | Any illnesses requiring bed rest of one week or longer?                                       |
| 8.  | [ ] | [ ] | Any surgery?  |
| 9.  | [ ] | [ ] | Any surgery advised and not taken?  |
| 10. | [ ] | [ ] | Ever had any symptoms of heart problems?  |
| 11. | [ ] | [ ] | Chest pains?  |
| 12. | [ ] | [ ] | High blood pressure?  |
| 13. | [ ] | [ ] | Close relative under 40 to die of heart disease?  |
| 14. | [ ] | [ ] | Any dizziness, fainting, convulsions, or frequent headaches?                                  |
| 15. | [ ] | [ ] | Ever been "knocked out" or had a concussion?  |
| 16. | [ ] | [ ] | Wear eyeglasses or contact lenses?  |
| 17. | [ ] | [ ] | Any serious eye injuries?   |
| 18. | [ ] | [ ] | Wear any dental appliances (braces, retainer, bridge, plates)?                                |
| 19. | [ ] | [ ] | Ever suffered heat exhaustion or heat stroke?   |
| 20. | [ ] | [ ] | Ever had mononucleosis? If so, month/year?  |
| 21. | [ ] | [ ] | Any history of enlarged spleen or liver?  |
| 22. | [ ] | [ ] | Any organ missing other than tonsils (appendix, eye, kidney, spleen)?                         |
| 23. | [ ] | [ ] | Any history of collapsed lung or tuberculosis?  |
| 24. | [ ] | [ ] | Any knee injury?  |
| 25. | [ ] | [ ] | Any ankle injury?   |
| 26. | [ ] | [ ] | Any neck injury?  |
| 27. | [ ] | [ ] | Any other joint sprains or dislocations (shoulder, wrist, finger)?                            |
| 28. | [ ] | [ ] | Any broken bones (fractures)?   |
| 29. | [ ] | [ ] | Any communicable diseases?  |
| 30. | [ ] | [ ] | Any known reason why this individual should not participate?                                  |

Describe any "YES" answers in detail below or on the back of this sheet. Enter question number before each comment.

**All statements answered in this record are true to the best of my knowledge. I have no abnormality, limitations, or restriction not mentioned in this record. I understand that this information is used to help determine my fitness to participate in athletics.**

Student's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



## **2009-2010 Medical Emergency Authorization to Treat**

Instructions: Please print. It is recommended that a photocopy of the front and back of a health insurance card be attached to this form. This form must be turned in on the first day of practice.

Athlete Name (first middle last) \_\_\_\_\_ Birth Date \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications taken daily or routinely \_\_\_\_\_

**In case of an emergency, the parent/guardian primary contact should be:**

Name \_\_\_\_\_ Contact Number \_\_\_\_\_ Relationship \_\_\_\_\_

Mother (first middle last) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father (first middle last) \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**I hereby give consent for the following local medical care providers and local hospital to be called for emergency treatment:**

Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Local Hospital of Choice \_\_\_\_\_ Contact Number \_\_\_\_\_

**In the event that reasonable attempts to contact a parent/guardian have been unsuccessful, I hereby give my consent for:**

1. The administration of any treatment deemed necessary by the above named physician or dentist, or in the event that the physician or dentist is not available, by another licensed physician or dentist
2. The transfer of the athlete to any hospital reasonably accessible.

**I understand that this authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.**

Print Participant Name \_\_\_\_\_

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



## **Code of Conduct**

As a member of East Tennessee Rowing Organization, you will be expected to abide by the rules as listed below as well as rules, regulations and Codes of Conduct as set forth by each rower's high school and Smoky Mountain Rowing Center.

1. Use of illegal drugs, illicit supplements, controlled substances, alcohol or tobacco is strictly prohibited while student-athletes are rowing for East Tennessee Rowing Organization. This will extend from the first day of practice to the last day of the racing season.
2. Athletes shall respect the rights of others. Any behavior, which is intimidating, hostile or offensive, is strictly prohibited. This includes but is not limited to telephone calls, email, looks, gestures, touching, teasing, jokes, remarks, innuendoes and questions of a harassing nature.
3. Any rower deliberately damaging or carelessly using any of the SMRC/ETRO equipment or club partner's equipment will be suspended and/or removed from the program. Repair and/or replacement costs, if necessary, will be passed on to the rower.
4. On-time attendance to practices and regattas is required. Absenteeism and tardiness without prior knowledge given to the Coaching Staff may result in suspension and/or removal from the program. Inform Coaching Staff, with advance notice, of any academic or personal conflicts with scheduled practices or competitive events. In case of illness or other emergency situation, which would prevent attendance, contact Coaching Staff at least one hour before practice.
5. Rowers are not permitted to handle boats in any way without Coach or Adult Leader supervision. Rowers are not permitted to operate a motorized launch.
6. Behavior in and around the boathouse, boatyard, docks and other facilities:
  - Rowers should be on good behavior at the Lashbrook Nursery Venue. There should not be any horseplay, reckless driving, disorderly conduct, etc.
  - Rowers should not travel in excess of 20mph while on gravel road at Lashbrook venue.
  - Absolutely no horseplay in or around the Boathouse or other practice facility.
  - Profane or inappropriate language is not permitted.
  - Cell phones are not to be used during practice unless in an emergency.
  - Rowers are not permitted to be at Lashbrook Nursery Venue if no team activity is scheduled.
7. ETRO uniforms shall be worn at competitions as directed by the Coach. ETRO, SMRC, and scholastic team shirts and practice apparel can be purchased from for use at practice. Uniforms shall only be worn at regattas or other events as directed by the Coaching Staff.

### **Rule Enforcement & Disciplinary Actions**

Any rower found to be in violation of the aforementioned rules will face disciplinary action ranging from temporary suspension to removal from the program.

### **Parent/Guardian Role**

A parent/guardian and athlete are required to sign this Code of Conduct form attesting to the fact that they are aware of the rules and will abide by them.

Parents are responsible to ensure that their children have appropriate transportation to and from practices.

Athlete Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_



## **Application for Scholarship**

No athlete interested in participating in the East Tennessee Rowing Organization program will be denied participation due to financial hardship. A limited number of full and partial scholarships are available to those who wish to avail themselves of this opportunity.

**In exchange, a scholarship recipient and their parents will be expected to participate as volunteers in the program in a manner expected of all rowers. Scholarship athletes are required to participate in all fund-raisers and work details.**

**\*\*Please note that regatta expenses, travel expenses and clothing expenses are not included in the scholarships. Scholarships only cover the current season dues. \*\***

Please fill out the following information and return as soon as possible to be eligible for assistance.

**Please print all information:**

Date of application \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Have you ever applied for scholarship assistance before? YES [  ] NO [  ]

If yes, for what? \_\_\_\_\_

**Current annual family income from all sources:**      \$ \_\_\_\_\_

**Current employment and duties:** \_\_\_\_\_

What is the dollar amount that you have the ability to pay this season?

\$ \_\_\_\_\_

What benefits do you see in having this scholarship to join the East Tennessee Rowing Organization as a member?

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Why are you applying for scholarship assistance?

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Have you ever volunteered for ETRO or SMRC? YES [  ] NO [  ]

I verify that all information submitted is correct, complete and accurate. If my situation changes, I agree to notify ETRO immediately.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



## **Photo/Media Release Form**

I grant permission to the Smoky Mountain Rowing Center (SMRC), and its subsidiary clubs, to use photographs, video, audio recordings, and/or textual material created and/or distributed by or for SMRC that includes my name and/or image, including web sites or other electronic forms or media, and to offer the photographs, video, audio, or text for media or promotional use, without notifying me.

I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless SMRC, and its subsidiary clubs, from and against any claims, damages or liability arising from or related to the use of the photographs or other media, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in production of the finished product. It is the discretion of SMRC to use the media.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date: \_\_\_\_\_  
(If subject of the media is under 18 years of age.)

Parent's Signature: \_\_\_\_\_

# Release of Liability

Fax: 609-924-1578



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 12/31/08 – 12/31/09, I, for myself, my personal representatives, assigns, heirs, and next of kin.

1. I 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. I 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. I 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. I 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.

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.

## 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 (only if participant is under the age of 18): \_\_\_\_\_

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