



## REGISTRATION FORM

**Welcome Parents:** This form collects the information necessary to enroll your student in Edgewater's Crew program, sponsored by Orlando Rowing Association. Please note the registrant must meet all Edgewater High School athletics eligibility requirements to participate. A completed OCPS health physical form with a physician's approval for training should be submitted as soon as possible.

Enrollment is not complete until a Registration Fee of \$100 has been paid and recorded by the ORA Treasurer. All rowers, however, have the option of practicing with the team for up to 2 weeks before paying this fee.

Please visit our website at [www.edgewatercrew.org](http://www.edgewatercrew.org) for more information & email questions to [membership@edgewatercrew.org](mailto:membership@edgewatercrew.org).

### **ATHLETE INFORMATION**

Athlete's Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Graduation Year \_\_\_\_\_

Male  Female  New Rower  Returning

Parent's Phone #: \_\_\_\_\_ Parent's Email Address \_\_\_\_\_ Student's Phone# \_\_\_\_\_

How did you find out about Edgewater Crew? \_\_\_\_\_

### **PARENT INFORMATION**

Parent/Guardian Responsible for correspondence and billing: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**2nd Parent/Guardian:** \_\_\_\_\_ Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### **STUDENT MEDICAL INFORMATION**

Date of Last Tetanus Shot: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Allergy to Medications: \_\_\_\_\_ Previous Injuries or Illnesses: \_\_\_\_\_

Alternate Family Member/Friend to contact in case of emergency:

Name(s) : \_\_\_\_\_ Phone: \_\_\_\_\_

### **HEALTH CARE PROVIDER INFORMATION**

Primary Care Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_ Address: \_\_\_\_\_

(Enter "None" if no personal insurance exists for this athlete)

**ACKNOWLEDGEMENTS – (All acknowledgements must be checked)**

- I have read the Crew Handbook available for review at [www.edgewatercrew.org](http://www.edgewatercrew.org) and understand the financial responsibilities, including registration fees, monthly dues, and travel costs that come with participation.
- It is my responsibility to remain informed of team activities via the team communication channels described in the Handbook.
- Past due financial obligations can result in the exclusion of my rower from practice & from competition until his/her account is made current.
- All payments made to ORA are non-refundable. Registration of my student is not complete until a \$100 Registration Fee is paid for the current year, either by check or credit card via PayPal.
- I am the listed parent or legal guardian and understand any misrepresentation of identity or falsification of data on this form can result in the athlete being declared ineligible to participate in any ORA/Edgewater Crew activity for one full calendar year from disclosure date.
- I give permission, and hereby provide authorization, for officers, board members, program directors, coaches, school staff or other agents of Orlando Rowing Association (ORA), to consent to any x-ray examination, and the anesthetic, medical or surgical diagnosis or treatment, and hospital care deemed advisable by, and rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or agent(s) to give specific consent to any and all such diagnoses, treatment or hospital care which physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment deem advisable. I further agree to hold said agents, as well as the School Board and its employees, harmless in the administration of such assistance.
- I hereby authorize any hospital which provided treatment to the above named minor to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. These authorizations will remain in effect for one (1) year from date hereof unless revoked in writing and delivered to said agent(s).
- I Would like my contact information to be included in the Edgewater Crew Directory. The Directory information will include the parents name, rowers name, parents email address and parents telephone number.

**REGISTRATION PAYMENT METHOD**

- Credit Card via PayPal
- Check or Money Order (delivered to boathouse or mail)
- Existing Positive Account Balance (applicable returners only)
- Payment pending (due by 2 weeks after student's 1st day at practice)

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Parent or Legal Guardian Signature** \_\_\_\_\_

Notes:

- Unlike most sports, Crew receives no funding from the State or from the School system and is supported by fundraisers, dues and charitable, tax deductible, contributions.
- Many opportunities to offset the cost of participation are made available, ranging from working booths at area events to selling poinsettias, ads for the annual Crew Yearbook, etc. The team also grants a number of partial scholarships each year.
- Given the organization is run by volunteers, parent involvement is highly encouraged. As the "team behind the team," there's a time commitment for both parents & athletes, but it's time well spent with a great group of people (your "Crew Family").
- An informational meeting will be held to provide more details in early September (date to be announced).