

Cincinnati Junior Rowing Club (CJRC)

2009-2010 Membership Forms

Enclosed are all of the mandatory membership forms that must be filled out for the 2009-2010 season. It is extremely important that all forms are filled out completely and returned on a timely basis.

The Coaches Form will be due the **FIRST** day of practice.

Membership Forms and dues will be due as follows:

Fall session – September 1

Winter session – December 1

Spring session – March 1

Summer session – June 1

If you have any questions about these forms, please call Beth Naylor at (513) 651-6726

INSTRUCTIONS

Step 1: Print all forms. Complete each form. Make copies for your files.

Step 2: Please BRING the COACHES COPY of Emergency Medical Treatment and Authorization form on the 1st day of practice.

Step 3: Please MAIL all completed MEMBERSHIP FORMS by DUE DATE:

**Beth Naylor
ATTN. CJRC Membership
Frost Brown Todd LLC
201 E. 5th Street, Suite 2200
Cincinnati, OH 45202**

Step 4: Please MAIL completed invoice form and payment to:

**CJRC Treasurer
P.O. Box 541122
Cincinnati, OH 45254**

Checklist: Required Membership Forms/Dues:

To CJRC Treasurer for each session:

1. Invoice Form
2. Personal Check for payment

To CJRC Membership for your first session of each school year:

3. Membership Form
4. Racing Jersey Form – **NOVICE ONLY**
5. Participant Agreement Form – (with physician's signature.**)
6. Safety Plan Receipt Form
7. Emergency Medical Treatment and Authorization Form

To Coaches:

8. Coach's Copy – Emergency Medical Treatment and Authorization.

Membership Form
Cincinnati Junior Rowing Club (CJRC) 2009-2010

Date _____

_____ Male _____ Female _____ Returning Member _____ New Member

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

School _____ Grade _____ Birth Date _____

Mother's Name _____ Home Phone _____ Work Phone _____

Father's Name _____ Home Phone _____ Work Phone _____

Parent - Main email address (**Required**) _____

Parent - Second email address (**Optional**) _____

In case of emergency, list any other person you wish to be contacted:

Name _____ Phone _____

Swimming Competency Certification _____

(Enclose a copy of your certification if you have one)

All rowers must be able to swim 2 regulation pool laps and tread water for 5 minutes.

NOVICE ONLY
Racing Jersey Form – Cincinnati Junior Rowing Club (CJRC)
2009-2010

Rower/ Coxswain Name _____

Street, City, State, Zip _____

Phone Number _____

Parent Email address _____

SIZE (check one): Small _____ Med _____ Large _____

PRICE is \$30 (to be paid with dues – see invoice form)

Racing jerseys will be distributed by Nancy Smith. Please direct all uniform questions to:

Nancy Smith
859-331-3974
nancyminto@gmail.com

Safety Plan - Cincinnati Junior Rowing Center Cincinnati Junior Rowing Club (CJRC) 2009-2010

We are serious about safety, and we follow an extensive plan to assure that we continue to conduct our rowing safely. The coaches follow a much more elaborate set of rules as well as applying the use of their own judgment and experience.

ALL CJRC ROWERS (INCLUDING COXSWAINS) MUST FOLLOW THESE GUIDELINES:

1. They are under the direct supervision of a coach in a launch during the conduct of practice on the water.
2. They must understand the requirements of water safety including the management of proper navigation, rescue procedures in the water, dangers of hypothermia, the need to exercise caution in making any contact with the waters in the Licking River.
3. They will hold a valid Red Cross swimming certification in Life Saving (or Intermediate Swimmer or above) or verify being able to swim at least 2 regulation pool laps and can tread water for 5 minutes.
4. They will not swim in the Licking River, and they must wear appropriate shoes in moving around the shores of the River or up and down the ramps.
5. No rower may enter the water for any purpose whatsoever, including the throwing in of coxswains after victorious races, without the explicit permission of a coach or supervisor.
6. No rower may be at the boathouse alone. Even groups of rowers must not be at the boathouse after dark unless they are under the direct supervision of a coach or supervisor.

Safety Plan Receipt Form
Cincinnati Junior Rowing Club (CJRC) 2009-2010

To be completed prior to participating in any rowing activities. Each individual must sign and return this form. Coaches are responsible to ensure all of their rowers and assistant coaches have returned signed forms.

I acknowledge that I have received a copy of Cincinnati Junior Rowing Club Safety Plan, that I have read and fully understand it and that I will comply with it. Further, I will proactively help make rowing safer by observing others in the club and by confronting any deviation from this plan.

I understand that full compliance with the contents of this plan is a condition of my membership in the Cincinnati Junior Rowing Club and/ or its tenant organizations and use of Cincinnati Junior Rowing Club facilities. If I do not follow this plan, I expect to be sanctioned up to and including being banned from the Club property.

Please check one and sign as necessary:

_____ I certify I meet the swimming proficiency standards (over 18)

_____ I, _____ (parent/legal guardian signature) verify that said minor can swim at least 2 regulation pool laps and tread water for 5 minutes. I accept all responsibility and release CJRC, its coaches, board members, parent volunteers or other assistants in connection with CJRC, from any liability as a result of participation in rowing activities.

_____ A swim certification from a recognized organization is attached.

Participant's signature _____

Printed Name of Participant _____

Parent/legal Guardian signature _____

(If rower/coxswain is under age 18)

Printed Name of Parent/Guardian _____

Date _____

Emergency Medical Treatment and Authorization Form
Cincinnati Junior Rowing Club 2009-2010

My child has my permission to participate in the activities of CJRC.

Rower/Coxswain Name _____ **Birth Date** _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ **Home Phone** _____

Employer _____ **Work Phone** _____

Mother's Cell Phone _____

Father's Name _____ **Home Phone** _____

Employer _____ **Work Phone** _____

Father's Cell Phone _____

Additional emergency contact:

Name _____ **Phone** _____

Medical Insurance Company _____ **Policy #** _____

Rower/coxswain medical facts:

List Allergies _____

List Medications taken daily or routinely _____

List physical impairments or other pertinent medical information _____

Part I

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

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Local Hospital of choice _____ Emergency Room Phone # _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

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

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date _____ **Signature (Parent or legal guardian)** _____

Part II (To be filled out only if permission is not given in Part I above)

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the emergency caregiver to take the following action:

Date _____ **Signature (Parent or legal guardian)** _____

COACHES COPY – DUE 1st DAY OF PRACTICE

**Emergency Medical Treatment and Authorization Form
Cincinnati Junior Rowing Club 2009-2010**

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Cincinnati Junior Rowing Club, Inc. is a private, non-profit organization that retains all rights of selection of athletes for the program.