



Indian River Rowing Club, Inc
P.O. Box 123
Winter Beach, FL 32971

Membership Application

Name: _____

Address: _____

Date of Birth: ____/____/____ Email Address: _____

Phone: _____ Cell Phone: _____

Emergency Contact: Name: _____ Number: _____

If Student age (13-18) please fill out the following:
Parent Names (please Include Relationship to student): _____
School Attended _____ Grade in School _____ as of (date) _____

Yearly Membership to help support Indian River Rowing Club includes:

- Monthly Newsletter (emailed if you have email, if not this will be mailed through the USPS)
- Membership
- Opportunity to participate in regatta's as a member of Indian River Rowing Club

(Regatta's selected would have to be approved by IRRC Head Coach Tom Lange if you need to borrow any equipment. Regatta expenses such as travel and entry fees will be borne by the participants. Membership is mandatory to attend **any** event as Indian River Rowing Club Rower due to liability insurance with USRowing. A USRowing Waiver of Liability must be turned in to the club secretary before attending any race, this waiver is good for one physical year).

Note: All rowing (including programs) with an IRRC coach and/or equipment must be scheduled through Head Coach Tom Lange and is an additional expense.

The yearly membership fee to be a club member is: Adults \$125

Student \$ 75

If you can donate more it would be greatly appreciated.

	<u>Type of Member</u>
Contribution: _____	Rowing _____
_____	Kayaking _____
_____	Supporting _____

Program Information

Our programs are designed for our rowers to keep fit, in shape and in touch with the program.

Beginning and Novice Rowers shall work on the following: Boat Handling, Basic Rowing Skills and Terminology, Ergometer (rowing machine), Teamwork, Accomplishment, How to live a healthy lifestyle through exercise and proper diet, How to have fun on the water without being in it, and for those who are interested PAIN.

Intermediate and Competitive Rowers shall work on the same as beginners but will include training for upcoming races. This group will work on more endurance and technique.

What to Bring when attending any of our many programs:

Water Bottle – filled (no seriously)	Sneakers
Towel	Crocs/Flip Flops
Shorts (not too baggy) or spandex	T-shirt (not too baggy)
Sunscreen	Snack – protein (no milk)

Rowing will be posted to our website www.indianriverrowingclub.com, in our newsletter and on Coach's "googlecalender" which he will keep updated with rowing days and races. To get on the googlecalender Coach can send you a invitation (link) via email.

Swim Test: (must be completed for any rower under 18)

You must be able to swim 100m (or two laps) and tread water for 2 minutes. If you have done swim test in the last 12 months with Indian River Rowing Club you will be exempt of this swim test.

These swim tests may be taken at the North County Pool. You would need to schedule with Dave Smith. He may reached at (772) 581-7665 ext 204 and the fee should be \$12. Or get with Head Coach Tom Lange at (321) 806-9971 to schedule with him.

Medical Information and Physically Able to Perform Release

Athlete's Name: _____ Nickname: _____

Age: _____ DOB: _____ Grade: _____ SS#: _____

Parent's Names: _____

Emergency Contact #1: _____

Emergency Contact #2: _____

Insurance Company: _____ Phone #: _____

Policy#: _____ Group#: _____ ID#: _____

Medical Illness _____

Other previous significant injuries/medical conditions _____

Allergies _____

Medications _____

(All medications pertaining to asthma, allergies, or any other workout induced ailment must be brought to each practice session i.e. inhaler, epi pen, etc.)

Previous Concussions/Head/Neck/ or Back injuries _____ Explain _____

Heat Related Problems _____

I _____ hereby declare myself in good health and of sound body, which would allow me to undertake the physical demands put onto to me by the sport of rowing. I also understand that serious injury or even death is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating.

Athlete Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

Transportation for medical emergencies:

I/we give permission for my child/me to be transported to receive necessary medical treatment.

Initials _____

I/we understand that by not initialing the above statement I/we take complete responsibility in transporting my child to the physician for the recommended treatment

Initials _____