

### Permission for Athletic Medical Treatment

This form must be kept by the coach at all team practices and contests for each team member to insure proper medical treatment by physicians, school sports medical staff, coaches, and EMT's, or hospital personnel in the event of serious injury.

Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

School: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

In the event the parents cannot be contacted, please contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health History – List all known: \_\_\_\_\_

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

Diabetes: \_\_\_\_\_ Epilepsy: \_\_\_\_\_ Heart Trouble: \_\_\_\_\_ Asthma: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications/Treatment: \_\_\_\_\_

I hereby give permission for the day to day care and emergency treatment of \_\_\_\_\_ (athlete's name) by physicians, school sports medical staff, coaches, EMT's or hospital emergency room personnel for treatment for any illness or injury resulting from, or effecting, his/her athletic participation.

Preferred Physician: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

This form will cover treatment for any and all offered interscholastic and club sports the student may participate in.

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

\_\_\_\_\_  
Date



### Permission to Compete

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex M: \_\_\_\_\_ F: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Family Dentist: \_\_\_\_\_

1. I understand that there are inherent dangers involved in sports. Keeping this in mind, I absolve the City of Manchester and Central Crew Club of all liability and give my permission for \_\_\_\_\_ (athlete's name) to participate in any offered interscholastic or club sports.

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

2. I understand that to participate in the athletic program each student must be covered by a medical insurance Program.

My son/daughter is covered by: \_\_\_\_\_ Policy #: \_\_\_\_\_

Any changes in insurance must be reported to the Athletic Coordinator and Central Crew Club in writing immediately.

3. I understand that the Student Accident Insurance Policy, available through the school, is an option which I did \_\_\_\_\_ did not \_\_\_\_\_ choose to purchase.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Physical Examination for Athletes

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex M: \_\_\_\_\_ F: \_\_\_\_\_

The above named student has been examined and there are no apparent contraindications to participating in interscholastic activities except as follows: \_\_\_\_\_

Sports in which this student cannot participate are (if none write "None"): \_\_\_\_\_

If a student is restricted or disqualified, please indicate reason(s): \_\_\_\_\_

Approved for one year of competition, Check Here : \_\_\_\_\_

Signature of Licensed Physician: \_\_\_\_\_ Date of Last Examination: \_\_\_\_\_

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

**All students participating in interscholastic athletics or club sports must have this form on file at their school prior to participation. Your physician may provide their own form which may be attached here. A physical examination is good for one year from the date of the exam, or with written permission from your physician the athlete may be cleared to compete for up to two years.**



## Release of Liability

IN CONSIDERATION of being given the opportunity to participate in any **Central Crew Club, USRowing** and **Amoskeag Rowing Club** activity, program or other scheduled supervised club activity, including work parties, races and/or registered regattas including transportation to and from such events, I, for myself, my personal representatives, assigned 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 participation in the Activity, the condition in which the Activity takes place, or the negligence 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 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 Central Crew Club, USRowing, Amoskeag Rowing Club, 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:**

\_\_\_\_\_

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

\_\_\_\_\_

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

Participant's Signature

\_\_\_\_\_

Organization: Central Crew Club

### 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 Releasees, 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: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_



## Media Release Form

From time to time the Club will issue press releases to the media and our athletes may be interviewed, filmed or photographed in conjunction with Club activities. This may include print or electronic media. These activities are generally not for commercial purposes although they may be part of a Club sponsored promotion or fundraising effort. The Club may post pictures of our student athletes on our website. The Club may also post the team roster and limited contact information on the website principally as an aid to parents in arranging car pools or as a means for athletes to locate teammates. With regard to the latter, crew does try to protect contact information as is reasonable to do so while balancing the need for good communication.

This is a general media release form for:

Student/Athlete (name): \_\_\_\_\_

I give my permission for photographs, videos and interviews to be taken of the above named individual during Central Crew Club activities. It is my understanding that any such images or interview content or portions thereof may be used for public view. Further I hereby authorize the Club to release/use my name in conjunction with the aforementioned images in recognized, responsible publications or media outlets, on the Club's website and as otherwise reasonable responsibly approved by the Club. The purpose of this may be in conjunction with a general news release such as sports reporting or more specifically for recruiting or as part of a publicity event and marketing campaign, fundraising effort, or other Club initiative.

I understand this release is provided without financial remuneration, and I hereby agree to release Central Crew Club from any liability arising from the use of the aforementioned photographs, videos and interviews.

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

\_\_\_\_\_  
Student/Athlete Signature

\_\_\_\_\_  
Date

By signing below I acknowledge that I am the parent or legal guardian of the above names student/athlete, that I have read this release, and fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

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

**Manchester, NH – School District #37  
Athletic Code**

- 1) The student/athlete will abide by all rules and regulations set forth by the New Hampshire Interscholastic Athletic Association (NHIAA).
- 2) The student/athlete will abide by all the rules and regulations set forth by the Manchester Board of School Committee. Students must pass five of six courses or fail no more than one course in order to be eligible for participation in interscholastic athletics and all extracurricular activities.
- 3) Before a student/athlete can participate in any sport, including practice and conditioning, he/she must have the following on file in their respective school.
  - a. Proof of having had a physical examination by a certified physician. Physical examinations are valid for one complete calendar year.
  - b. Parental "Permission to Compete/Physical Exam" form filled out and returned to the Head Coach of the sport.
  - c. The "Athletic Code" must be signed by the parent and the student/athlete and returned.
  - d. The "Permission for Athletic Medical Treatment" form must be filled out, including the insurance information, signed by the parent, and returned to the coach of the sport the student is playing.
- 4) A student/athlete is expected to attend all classes on his/her school schedule on the day of a contest and the next school day following the contest. Habitual absences before and/or after a contest may result in suspension from the team. Exceptions to this rule are if a student/athlete has been excused from school attendance for such reasons as a doctor's appointment, field trips, college visitations or other such reasons other than illness.
- 5) Team members are expected to be present at all practices, team meetings, contests, and special occasions unless excused by the coach.
- 6) The student/athlete is responsible for all equipment issued to him/her. Lost, stolen or damaged equipment must be paid for by the student/athlete or his/her parents or guardian.
- 7) All team members will travel to and from athletic contests by means of transportation provided or organized by the school Athletic Coordinator or the City Athletic Director. The only exception to this rule would be the release of the student/athlete to his/her parent or guardian upon written request to the City Athletic Director. This request must be in writing at least one week prior to the event and state the special circumstances as to why the student should not travel with the team.
- 8) If a student/athlete is seriously injured he/she must have a doctor's release before he/she can practice or compete in athletic contests or practices. Participation after school practice or athletic contests will not be permitted if the student/athlete is out of school all or part of the day of the event for illness or injury.
- 9) The possession or use of tobacco, alcoholic beverages, or illegal drugs is prohibited by Manchester student/athletes.
  - a. Upon evidence of possession or use of any of the above, the student/athlete will be suspended from the team, pending investigation.
  - b. The final decision to remove a student/athlete from athletic participation for sixty (60)\*NHIAA Athletic Calendar days will be made by the Athletic Coordinator, The Athletic Director and the School Principal, after consultation with the Superintendent of Schools or his/her designee.
- 10) A student athlete quitting a team is ineligible to participate on any other school teams during the same season. A student/athlete who goes out for a sport and is "cut" would be eligible to try out for another sport during that same season.
- 11) Temporary suspensions may be made by the Athletic Coordinator, Coach, Athletic Director, or the School Principal. All suspensions would be made after conferring with the coach. Causes for temporary suspensions may include, but are not limited to, the following:
  - a. Grades
  - b. Personal misconduct
  - c. Unexcused absences from meetings or practices  
(Student/athletes are ineligible for practice or school contests during periods of suspension either in-school or out-of-school.)
  - d. Violations of other athletic policies
  - e. Unsportsmanlike conduct
- 12) Team initiations and hazing are strictly prohibited. Any athlete participating in these activities, or who knows such activities are taking place and does not report them to the coach or Athletic Coordinator, will be subject to permanent removal from the team. The recommendation and removal will be made by the Athletic Coordinator, Principal and the City Athletic Director to the Superintendent of Schools.

\*For purposes of the Athletic Code, the NHIAA Athletic Calendar (a six -day week begins on the earliest practice day for the fall season, regardless of the sport, and conclude on the last day of the spring season's playoffs, including other individual championships. In the event an infraction occurs during the spring season and the sixty (60) day suspension cannot be served prior to the completion of the school year, the suspension will carry over into the next fall season.

We understand that these provisions will be enforced and failure to sign this document will not prevent its sanctions from being applied.

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Signature of Parent/Guardian

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Date

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Signature of Student/Athlete

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Date