



**Coastal Virginia Community Rowing (CVCRowing)  
Registration Form: Winter Training for Returning Rowers**

**Season:** November 29, 2021 - February 13, 2022

**Practice Days:** Mon/Wed/Thursday: 11/29/21 to 12/16/21  
No practice during holiday break: 12/17/21-1/2/22  
Monday thru Friday: 1/3/22 to 2/13/22

**Practice Times:** 5:00 – 6:30 p.m.

**Training Location:** Little Neck Swim & Racquet Club, 864 Little Neck Rd., Virginia Beach, VA 23452

**Cost:** \$475.00 by check or \$490.68 via PayPal

*Note:* Indoor erg competition fees will be billed separately, if athletes are selected to race

**Individual Gear Required:** running shoes, yoga mat, jump rope, and a medicine ball (≤10lbs) if you have one.

**Registration & Payment are due by:** 11/29/2021

**Mail registration checks to:** CVCRowing, P.O. Box 66385, Virginia Beach, VA 23466

**\*\*\*Tax deductible donations:** may be mailed to the P.O. Box above (memo-donation)

We are excited, once again, to be working with Little Neck Swim & Racquet Club for our winter season. The training will take place outside, alongside the pool deck area. We will have access to the facility’s large screen TV to view rowing footage, as well as limited use of the indoor facility when needed.

Select rowers will have the opportunity to represent CVCR in up to three indoor rowing races, including the virtual C.R.A.S.H.-B. Sprints World Indoor Rowing Championship! This was an exciting event in 2021, and athletes experienced racing live with other rowers across the U.S. and abroad! We look forward to providing our rowers this opportunity again on February 13, 2022, to close out the winter season.

Please complete this document, and the documents below. Submit all forms to [cvcrowing@gmail.com](mailto:cvcrowing@gmail.com) in order to confirm your athlete’s registration. We recognize that your athlete is a returning rower, and a few of these forms have already been submitted but many waivers expire 12/31/2021. We appreciate your patience as our program continues to grow. These documents have now been updated and will be valid through 12/31/2022.

**Refund Policy:** Refunds will not be provided after the start date of the camp (11/29/2021)

Rower Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

2k Results: \_\_\_\_\_ 5k Results \_\_\_\_\_ 6k Results \_\_\_\_\_

Rower Email: \_\_\_\_\_ Rower cell phone: \_\_\_\_\_

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

Parent cell phone: \_\_\_\_\_



## Coastal Virginia Community Rowing Covid-19 Liability Waiver (Rev 11/21)

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that Coastal Virginia Community Rowing (CVCR) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that CVCR cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other athletes and their families.

I voluntarily seek to participate in the activities provided by CVCR and acknowledge that I am increasing my risk of exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending CVCR activities.

I attest that:

- I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of Coronavirus/COVID-19.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non- contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- I will notify a Coach or Board Member in confidence if I test positive and may have attended practice during my contagious period (2 days prior to symptom onset.)

I hereby release and agree to hold CVCR harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the club, or that may otherwise arise in any way in connection with any activities I participate in with CVCR.

I understand that this release discharges CVCR from any liability or claim that I, my heirs, or any personal representatives may have against the club with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from CVCR. This liability waiver and release extends to CVCR together with all volunteers, coaches, partners, and employees.

This acknowledgement expires: 12/31/2022



**CVCRowing: Covid-19 Liability Waiver**

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

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, consent that my son/daughter has read the above statements and will abide the recommended social distancing practices and preventative measures put in place while at practice, to reduce the spread of Coronavirus/COVID-19.

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

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



## Coastal Virginia Community Rowing

### PART I: Acknowledgement of Risk and Insurance Statement

(To be completed and signed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are not crossed out: rowing, cross-training, conditioning, running, weight lifting.

I am aware that with participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means.

My student athlete is insured by our family policy with:

- Name of Medical Insurance Company: \_\_\_\_\_
- Policy Number: \_\_\_\_\_ (TriCare Policy number not required)
- Name of Policy Holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form.

I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to [www.coverva.org](http://www.coverva.org) or calling 855.242.8282.

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

Parent/Guardian Name Printed: \_\_\_\_\_

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



**PART II: Emergency Permission Form**

(To be signed by a parent/guardian)

PARTICIPANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

Please list any significant health problems that may be significant to a physician evaluating your child in case of an emergency:

\_\_\_\_\_

Please list any allergies to medications: \_\_\_\_\_

Is the athlete currently prescribed an inhaler or Epi-Pen? YES \_\_\_ NO \_\_\_

Is the athlete presently taking any other medication? YES \_\_\_ NO \_\_\_

Does the athlete wear contact lenses? YES \_\_\_ NO \_\_\_

List any emergency medication(s): \_\_\_\_\_

Date of last Tdap or Td (tetanus) shot: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of Coastal Virginia Community Rowing to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

**Emergency Contact Information:**

Daytime phone number (where to reach you in emergency): \_\_\_\_\_

Evening time phone number (where to reach you in emergency): \_\_\_\_\_

Cell phone: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed. I certify all the above information is correct:

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



## CVCRowing: Photo/Video Consent Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration to Coastal Virginia Community Rowing (CVCR). I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse athletic/sports settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Promotion of CVCR events and/or fundraising
- Promotion of CVCR on CVRowing.org website and all CVCR social media accounts including, Facebook, Instagram, Twitter, and YouTube
- Informational CVCR presentations
- On-line training videos or slideshows
- Instructional videos

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of any official CVCR practices, regattas, or team events including but not limited to team dinners, award parties, fundraisers, team workdays, organized volunteer events and training clinics.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

The acknowledgement expires: 12/31/2022

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

Street Address/P.O. Box: \_\_\_\_\_

City State Zip: \_\_\_\_\_

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

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

If this release is obtained from a student athlete under the age of 18, then the signature of that student athlete's parent or legal guardian is also required.

Parent's Name: \_\_\_\_\_

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