



COASTAL VIRGINIA COMMUNITY ROWING (CVCRowing)

New Rower Registration: Spring 2022

Please complete this registration package if you are new to CVCRowing OR are not returning from Winter Training 2021-2022.

Season: February 22 - May 13, 2022

Practice Days: Monday thru Friday: 2/22/22 to 5/13/22

Practice Times: 4:30 p.m. – 6:45 p.m.

Training Location: Thalia Municipal Launch Dock, 333 Thalia Rd, Virginia Beach

Cost: \$675.00 by check

Registration & Payment are due by: 2/22/2021

Note: Regatta fees will be billed separately, if athletes are selected to race.

Individual Gear Required: running shoes, spandex shorts (mid-thigh (approx. 5” or longer), light layers for weather, tight fitting shirt

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

*****Tax deductible donations:** may be mailed to the PO Box above (memo-donation)

Please complete this document, and the documents below. Submit all forms to cvcrowing@gmail.com in order to confirm your athlete’s registration.

You will receive an invitation to **TeamSnap** via email - all athletes and at least one parent/guardian must sign up for TeamSnap which is used for communications, scheduling and many other activities.

Refund Policy: Refunds are not provided after the start date of the camp (2/22/2022)

Rower Name: _____ School: _____ Grade: _____

Rower Email: _____ Rower cell phone: _____

Age: _____ DOB: _____ Height: _____ Weight: _____

If applicable: 2k Results: _____ 5k Results _____ 6k Results _____

Does rower have previous athletic experience? If yes, please provide general details:

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent cell phone: _____



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Please complete this document, and the documents below. Submit all forms to cvcrowing@gmail.com in order to confirm your athlete's registration.

Please initial next to each of the following bullets:

- Inclement Weather: _____(initial here)
 - Morning Practices: Updates will be posted to the website by 6:30am, indicating whether or not practice will occur.
 - Evening Practices: Updates will be posted to the website by 2:30pm, indicating whether or not practice will occur.
- Personal Absences: _____(initial here)
 - Make-up sessions are not available for practices missed due to personal reasons. However, we encourage each participant to reach out to the coaching staff for a workout they can complete independently.
- Refunds: _____(initial here)
 - Refunds will not be provided after the start date of the camp (11/29/2021).
- Equipment Maintenance Day _____(initial here)
 - Attendance at a post-session equipment maintenance day is required.
- Paperwork and USRowing Membership Completed: _____(Initial here)
 - CVCRowing Liability Waiver, Rev. Nov 2021
 - Covid-19 Liability Waiver, Rev. Nov 2021
 - Acknowledgement of Risk and Insurance Statement (Part 1 & Part 2), Rev. Jan 2021
 - Photo/Video Consent Release Form, Rev. Jan 2021
 - **USRowing membership: Basic (available at usrowing.org)**
 - Swim Acknowledgement

Athlete's Name: _____

Parent/Guardian Name (print name): _____

Parent/Guardian (Signature): _____



COASTAL VIRGINIA COMMUNITY ROWING (CVCRowing)

New Rower Registration: Spring 2022

COASTAL VIRGINIA COMMUNITY ROWING LIABILITY WAIVER

(Time period covered for this acknowledgement includes: 11/29/2021 – 12/31/2022)

IN CONSIDERATION of being given the opportunity to participate in any Coastal Virginia Community Rowing (“Club”) activity, including scheduled, supervised club activities, and registered regattas, during the policy term ending 12/31/2022, I, for myself, my person representatives, assigns, heirs, and next of kin:

1. I 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. I 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 participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releases names below; (c.) there may be other risks 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. I AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club 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. I HEREBY RELEASE, discharge, and covenant not to sue USRowing, 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 Releases 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 Releases 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 Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases, 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 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 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.

PARENTAL CONSENT

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 Releases 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 Releasee, I WILL



COASTAL VIRGINIA COMMUNITY ROWING (CVCRowing)

New Rower Registration: Spring 2022

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.

Rower Information:

Name: _____

Parent/Guardian Information:

Name (print): _____ Phone: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____



COASTAL VIRGINIA COMMUNITY ROWING (CVCRowing)

New Rower Registration: Spring 2022

PART I: Acknowledgement of Risk and Insurance Statement

(Time period covered for this acknowledgement for Part I & Part II includes: 11/29/2021 – 12/31/2022)

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, weightlifting.

I am aware that with the 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 risks inherent in sports through meetings, written handouts, or some other means.

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 may 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 Club to perform an 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 personnel as deemed necessary.



COASTAL VIRGINIA COMMUNITY ROWING (CVCRowing)

New Rower Registration: Spring 2022

PART II: Emergency Permission Form

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 and is acceptable for emergency treatment if needed.

I certify all the above information is correct:

Parent/Guardian Signature: _____ Date: _____



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New Rower Registration: Spring 2022

CVCR 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 videotape 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: _____

CVCR Swimming Safety Video and Swimming Ability Acknowledgment

(Time period covered for this acknowledgment includes: 11/29/2021 – 12/31/2022)



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New Rower Registration: Spring 2022

All Coastal Virginia Community Rowing rowers are required to view the [USRowing Safety Video](#) once a year. It can be found by visiting [USRowing.Org](#) or selecting the hyperlink above.

A signed form is required from each rower and his/her parent or guardian stating they have viewed the USRowing Safety Video and understand all of the program's safety protocols.

Additionally, the parent or guardian of the rower must state that their rower does in fact know how to swim and is able to tread water. This form is to be used in conjunction with the Coastal Virginia Community Rowing Liability Waiver.

I, _____, acknowledge that I have viewed the USRowing Safety Video and understand all of the program's safety protocols.

I, _____, acknowledge that my child/ward _____ knows how to swim and tread water.

Rower Name: _____

Signature: _____ Date: _____

Parent Name: _____

Signature: _____ Date: _____



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New Rower Registration: Spring 2022

COVID-19 Related Safety and Cleaning Guidelines

Coastal Virginia Community Rowing (CVCR) cannot guarantee that all equipment is free from contamination or water-borne illness. Any participants using CVCR's equipment shall be responsible for their own health. This document provides procedures to reduce this risk as much as possible through special cleaning and social distancing guidelines.

It is important to note that the CDC has stated that the risk for spread of COVID-19 from contaminated surfaces is much lower than originally reported. According to the CDC, the virus is rapidly degraded when exposed to sunlight, and outdoor areas generally require normal routine cleaning but do not require disinfection. There is much higher risk of infection if respiratory droplets are ingested through one's nose, face, eyes, or mouth.

CVCR coaches and participants must follow all laws, regulations, mandates, and rules from federal, state, or local authorities. These public health guidelines include, but are not limited to, practicing social distancing, reducing group sizes, and self-reporting if one tests positive for, or has been exposed to, COVID-19.

REQUIRED QUARANTINE & REPORTING: Any individual known to have been exposed to a person who has been sick and/or diagnosed with COVID-19 must self-report to their assigned coach as well as CVCR via cvcrowing@gmail.com. Any changes in regulations or guidelines from CVCR, USRowing, or other governing bodies shall be sent out to all participants by CVCR via electronic means.

Online Resources

- CDC WEBSITE: <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html>
- VA DEPT OF HEALTH WEBSITE: <https://www.vdh.virginia.gov/coronavirus/>
- USROWING WEBSITE: <https://usrowing.org/sport/2020/3/4/usrowing-coronavirus-information-and-updates.aspx>



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New Rower Registration: Spring 2022

CVCR Covid-19 Liability Waiver (Rev. 2/2022)

(Time period covered for this acknowledgement includes: 11/29/2021 – 12/31/2022)

I acknowledge that:

- Due to 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 will self-assess and if I attend practice 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.
- 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.



COASTAL VIRGINIA COMMUNITY ROWING (CVCRowing)

New Rower Registration: Spring 2022

CVCR Covid-19 Liability Waiver Continued:

Athlete's Name (print): _____

Athlete's Signature: _____ Date: _____

I, _____, consent that my son/daughter has read the above statements and will abide by 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 (print): _____

Parent/Guardian Signature: _____ Date: _____