



LYMAN ROWING ASSOCIATION • 5703 Red Bug Lake Road, Suite 156, Winter Springs, FL 32708

LRA/SCR APPLICATION

I am applying for:

Date: _____

High School Program

Middle School Program

Rower Information

Name: _____

Address: _____

_____ zip _____

Rower cell: _____ Home phone: _____

Date of birth: _____ Age: _____ Gender: __male__female

Grade: _____ School name (Middle school): _____

Rower's email: _____

Special needs: _____

Parent/Guardian Information

Mother's name: _____ cell: _____

-email: _____

-employer: _____ wk phone: _____

Father's name: _____ cell: _____

-email: _____

-employer: _____ wk phone: _____

Legal Guardian: _____ cell: _____

-email: _____

-employer: _____ wk phone: _____

EMERGENCY CONTACT (name and phone): _____

Referred by: _____



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SWIM TEST COMPLETION FORM (must be notarized)

Current rowers with a notarized swim test on file do not need to complete again.

Parental Certification to Lyman Rowing Association

Rowing is a water related activity. It is critical that each rower has certain basic swimming skills. In order to induce Lyman Rowing Association to allow your son or daughter to participate in any water related activity, the parent or parents of each rower shall be responsible to test their son or daughter's basic swimming skills by conducting the Swim Test set forth below. After the Swim Test has been successfully completed, a parent of each rower must complete this Certification and provide it to Lyman Rowing Association by submitting it to the Administrative Officer. No rower will be permitted to participate in any water related activity without a parent having first successfully completed the Swim Test Certification Form and having submitted this Certification to Lyman Rowing Association

The Swim Test is comprised of the following in the order shown without rest intervals:

1. Jump feet first into water over the head in depth, level off and begin swimming.
2. Then swim 100' using any stroke. The 100' must be completed in one swim without stops and include at least one 180 – degree turn.
3. Then tread water or stay afloat for 5 minutes without touching bottom or using any floatation device or other support.
4. Complete all form spaces below and submit to Administrator Officer.

I, the undersigned parent of _____ (Rower's name) hereby attest and certify that my son/daughter has taken and passed the Swim Test and requests Lyman Rowing Association to allow him /her to participate in water related activities:

Parent's Name (print): _____

Parent's Signature: _____

(Sign only in the presence of a notary)

Test Date: _____

STATE OF FLORIDA, COUNTY OF SEMINOLE

The foregoing instrument was verified, sworn to and acknowledged before me this ____ day of _____, 20__ by _____, as parent of _____ (Rower's Name), who is personally known to me or who presented _____ as identification and who did take an oath.

(Name: Printed, Typed or Stamped) – Notary Public, State of Florida



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**AUTHORIZATION FOR THIRD PARTY TREATMENT
TO CONSENT TO TREATMENT OF
MINOR / ADULT LACKING CAPACITY TO CONSENT (must be notarized)**

In case of emergency, I understand in the event I cannot be reached, I, the undersigned parent(s)/person having legal custody of or being legal guardian of _____, a minor, do hereby authorize the Officers, Board Members, Program Directors, Coaches or other representatives of Lyman Rowing Association as agent(s) for the undersigned to consent to any x-ray examination, and the anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment deem advisable. I hereby authorize any hospital that provided treatment to the above named minor to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. These authorizations will remain in effect for one (1) year from date notarized unless revoked in writing and delivered to said agent(s).

Signature of parent / guardian: _____ Date: _____
(Sign only in the presence of a notary)

STATE OF FLORIDA, COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or produced _____ as identification.

Date Commission Expires

Notary Public



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EMERGENCY TREATMENT AUTHORIZATION

Rower Information

First Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Date of Birth: _____
 Age: _____

Insurance Information

Provider: _____
 Policy Holder: _____
 ID Number: _____
 Group Number: _____
 List Any and All _____
 Medications: _____

Parent / Guardian Information

Relationship: _____
 First Name: _____
 Last Name: _____
 Employer: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____

Relationship: _____
 First Name: _____
 Last Name: _____
 Employer: _____
 Home Phone: _____
 Cell Phone: _____
 E-mail: _____

Alternate Emergency Contact

Relationship: _____
 First Name: _____
 Last Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Check all items that apply to your child's medical history, explain.

Condition	Yes	No	Explain
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sinus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Motion Sickness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____



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LIABILITY RELEASE

Association for the season set forth below, the undersigned participant hereby waives, releases and discharges Lyman Rowing Association (LRA) and any officers, directors, employees, coaches, agents and members from and against any and all claims, actions, causes of action and damages for death, personal injury or property damage which the undersigned participant may have, or which hereafter may occur to him or her, or his/her personal representatives or advance LRA and any officers, directors, employees, agents, members from and against any and all liability arising out of or connected in any way with the undersigned's participation in any LRA associated activity even though that liability may arise out of negligence or carelessness on part of the person or entities mentioned above.

The undersigned participant for him/himself, her/herself and his/her parents or legal guardians understands that serious accidents may occur during rowing practice and racing and during transportation to and from practice, races, meets and exhibitions and that participants in rowing practice, racing and transportation may sustain mortal or serious personal injury and/or property damage as a consequence thereof. Knowing the foregoing risks, the undersigned participant hereby agrees to assume those risks and release and hold in consideration of the acceptance of the application of the undersigned participant to the Lyman Rowing harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to the undersigned, his/her/their personal representatives, guardians, or assigns for damages. It is further understood and agreed that this Release and assumption of risk is binding on the undersigned heirs, personal representatives, guardians and assigns.

The foregoing Release is effective for the 2018-2019 rowing calendar year. The undersigned parent/guardian has signed this Release form knowingly and as a condition to the undersigned participant's acceptance into and participation in activities of LRA.

Please, print and write legibly

Name of Participant (Print) *Signature of Participant* *Date*

I, the undersigned parent and/or legal guardian of the participant, hereby knowingly signs this Release on behalf of the participant.

Name of Parent/Legal Guardian *Signature of Parent/Legal Guardian* *Date*

Contact Phone: _____ E-mail: _____
Address: _____ City _____ State _____ Zip _____

Middle Schooler Novice Returner Grade _____



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Media Authorization and Release Form for Minors

I hereby authorize Lyman Rowing Association (“LRA”) and its agents, employees, licensees, representatives and assigns to copy, exhibit, publish or distribute any and all photographs and likenesses and biographical information of my child or ward, including those in which he/she appears with other individuals, and recordings of his/her voice, his/her writings in whole or in part, in all forms and media throughout the world and in perpetuity for purposes of publicizing or advertising LRA and its programs, or for any other ethical and lawful purpose. This includes but is not limited to print, billboard, radio and television advertising, the World Wide Web, social media, and school/ LRA and other third-party approved publications. Additionally, I waive any right to inspect or approve the finished product, including written copy, in which his/her likeness or voice or written words appear. I agree to notify LRA in writing if I later revoke this authorization.

I hereby hold harmless and release and forever discharge Lyman Rowing Association and all its agents, employees, licensees, representatives and assigns, and their successors, from all claims, demands and causes of action that I, my child or ward, or our heirs, representatives, executors, administrators, or any other people acting on behalf of myself, my child or ward, or our estates have or may have by reason of this authorization.

_____	_____	_____
Name of Child (please print)	Parent Signature	Date
_____	_____	
Name of Parent/Guardian (please print)	Relationship to child	
_____	_____	
Home Phone	Work Phone	
_____	_____	
E-mail Address	Cell Phone	



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Debit/Credit Card Authorization Form

Privacy and Security Statement: It is the policy of LRA to respect the privacy of its members. As such, all information presented here will NOT be sold or distributed to any party.

Card Type? _____ (Discover, Diners Club, MasterCard, VISA or American Express)

Debit Card Credit Card

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ CID Code: _____

Credit Card Billing Address (REQUIRED):

Authorized Charges (Initial):

Monthly Payment Option (mandatory) (\$125 for Middle School Program / \$250 for High School Program)

Uniforms

Regatta Fees

CHILD 1 (Name and Program)

CHILD 2 (Name and Program)

- By signing below, I acknowledge that I am responsible for payment in full for all Authorized Charges (above) associated with the debit /credit card.
- The monthly payment option will run from August 2018 until May 2019 (DUE AT THE MONTHLY PARENT MEETING).
- I prefer to pay by check by the day of the monthly LRA PARENT MEETING, but charge all past due Authorized Charges to my debit/credit card.
- By signing below, I warrant that I am legally authorized to enter into this debit/credit card authorization. I agree and understand that in the event this debit/credit card becomes invalid, I will provide a new valid card for all outstanding balances due.

_____ (initials) I acknowledge that this auto pay authorization will be in effect until canceled. To cancel future auto debits, I will notify the appropriate program administrator (Leta Smith– lymanrowingtreasurer@gmail.com) prior to the next billing cycle.

Print Name

Date

Signature

A 4% administration fee will be added for all credit and debit transactions.



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Parent Volunteer Form

Lyman Rowing Association is an organization that relies on volunteer help from all its families. There are many ways in which you may contribute to the team. Here are some opportunities:

Name _____

Email _____

Phone _____

I would like to help with (check all that apply):

Fundraising

Hospitality

Recruiting

Boatyard Maintenance

Boat/Trailer Maintenance

Boat Trailer Transport

Hospitality Trailer Transport

Website

Other _____

I am not able to volunteer my time at this time, but I would like to make a financial contribution towards the team's expenses.

\$10/month

\$20/month

other amount \$ _____

Donations of products or services (in kind donations):

Other ways you are available to help LRA:

Rower's Name: _____ Today's date: _____



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2018/2019

HIPAA Compliant Authorization to Release Medical Information

In accordance with the Health Insurance Portability and Accountability Act of 1996 we are required to provide each rower or the rower's parent or legal authorized representative with the Notice of Privacy Practices describing how we use and disclose patient health information.

We will need the authorization signed in order for us to disclose athletic screening health information with the coaching staff.

(The execution of this form covers only the release of information described below.)

I authorize Lyman Rowing Association to release the results of the Pre-Physical Evaluation to the Coaching staff and personnel involved in the care of the athlete.

Authorization: I certify that this request has been made voluntarily, and this authorization will expire on May 31, 2019.

HIPAA Required Statements:

I understand that the information provided under this release may be subject to re-disclosure by the recipient under services no longer protected by HIPAA Privacy Rules.

I understand that I may revoke this release at any time, except to the extent that action has already been taken to comply with it. To revoke this authorization, I must provide written notice to the President of Lyman Rowing Association.

Athlete (if over 18) or Person Authorized to sign release for the Athlete:

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date



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Financial Agreement to Pay

My child _____, will be on the Lyman Rowing Association team for the 2018-2019 season. The team base fee for high school will be \$1000 for the fall season and \$1000 for the spring season. The team base fee for middle school will be \$500 for the fall and \$500 for the spring. There will be a one-time registration fee of \$100 for high school and \$75 for middle school. This amount is hereby assessed and becomes due and owing upon the signing of this agreement.

I understand that if my child's team travels, each trip will be charged separately, in addition to the base fee.

By signing below, I agree to pay the base fee at the time of signing this agreement and all other amounts set forth. By signing below, I further acknowledge and agree to abide by the Club Fees & Payments Policies found in the LRA Handbook. Additionally, by signing below, I agree to abide by the Fee Payment Schedule. Finally, by signing below, I agree to abide by the "Additional Terms and Conditions" found at the end of this Financial Agreement to Pay, which I have had the chance to read and hereby agree to in full.

ADDITIONAL TERMS AND CONDITIONS

The signatories to this Financial Agreement to pay hereby agree to the following Additional Terms and Conditions. All payments assessed by Lyman Rowing Association(LRA) may be paid in one of 2 ways:

- (a). As a one-time payment with a 5% discount. (Full payment is for both Fall and Spring Season)
- (b). You may pay in installments of \$250 for high school, \$125 for middle school.

Payments are due on the 1st of the month and are considered late after the general meeting (the second Tuesday) each month.

1. Payments made after the due date are considered delinquent.
2. If no payment is made by the 25th of the month, the rower is placed on probation until the account is brought current. This probationary period serves as a warning that the rower is in danger of being suspended from Lyman Rowing Association and the rower is not allowed to participate in any regattas until the account is brought current. The rower's coach is informed of the probation.



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3. If payment is not made by the 15th of the following month, the rower is suspended. During this suspension the rower is not allowed to participate in any Lyman Rowing activities or regattas until the account is brought current. The rower's coach is informed of the suspension.
4. If the account is required to be referred to a collection agency or attorney for recovery, the signatories hereto agree to pay Lyman Rowing Association's (LRA) fees, costs, and expenses incurred in enforcing this agreement, including attorney's fees.
5. If the rower should withdraw from, drop out, or cease to actively participate on or with the team for any reason, you are not entitled to any refund or monies previously paid and remain fully responsible for the remaining season.

Parent/Legal Guardian Signature of Agreement

Signature

Date

Print Name



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2018/2019

Required Forms Checklist

Lyman Rowing Association requires the following forms to be completed and submitted to LRA prior to rower participation:

- € LRA Application with \$100 registration fee for HS/\$75 for middle school
- € Acknowledgement of Rower Code of Conduct and Rower Rules and Responsibilities
- € Financial Agreement
- € Swim Test Form (must be notarized)
- € Authorization for Third Party Treatment to Consent treatment of Minor/Adult Lacking Capacity to Consent (must be notarized)
- € Emergency Treatment Authorization
- € Liability Release
- € Media Release Form for Minors
- € Debit/Credit Card Authorization Form (if applicable)
- € Parent Volunteer Form
- € HIPAA Compliant Authorization to Release Medical Information
- € Athletic Physical (can use form on www.lymancrew.org or Health Form from your Doctor's Office)—MUST be turned in to LRA
- € **Online** US Rowing Registration and Waiver can be located at www.lymancrew.org or www.membership.usrowing.org Lyman's code is SDYEJ
- € **Online** Waiver NOARA NOARAWaiver
- € Sign Up for Remind Text Alerts: Tet @lymanrows to 81010

Please note that is extremely important for parents to submit any changes of rower/parent information in a timely manner to Lisa Tauscher, LRA Secretary at lymanrowingsecretary@gmail.com

Lyman Rowing Association participates in regattas organized and run by a number of different organizations. Accordingly, throughout the course of the rowing year, parents may be asked to execute additional regatta waivers.