



SACRAMENTO STATE
AQUATIC CENTER



2009-10 Capital Crew
Personal Information Form

Please Print Legibly!!

Squad: _____

Athlete's Last Name: _____ **First Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell/Other Phone:** _____

E-Mail: _____

Gender: _____ **Age:** _____ **Birthday:** _____

School: _____ **Year in School:** _____ **GPA:** _____

Future College Plans: _____

T-Shirt Size: _____ **Waist Size:** _____ **Unisuit Size:** _____

Height: _____ **Weight:** _____ **Shoe Size:** _____

2K Erg Best: _____ **US Rowing #:** _____ **Expiration Date:** _____

Parent's Information

(Mother's Information)

Parents Name (First, Last): _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parents Phone (home): _____ **(cell):** _____ **(work):** _____

E-mail: _____

(Father's Information)

Parents Name (First, Last): _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Parents Phone (home): _____ **(cell):** _____ **(work):** _____

E-mail: _____

Athlete History/Bio

What side do you row? _____ Do you scull? _____

Have you raced in a sculling boat? _____ When? _____

What is your best erg PR score: 2K? _____ When? _____ 10K? _____ When? _____

When did you start rowing? _____

Do you have any previous rowing experience? Please explain?

What races have you participated in? What seat did you row?

What are your goals for the next year, while competing with Capital Crew?

Do you have any other family members that row?

How did you hear about Capital Crew?

How will you get to the AC and return home everyday?

SACRAMENTO STATE **AQUATIC CENTER**

Capital Crew Code of Conduct

The following items apply to all Capital Crew Athletes during Capital Crew events, practices, races, functions, etc. Failure to comply with any of these guidelines may result in suspension or expulsion from Capital Crew.

- Respect the aquatic center facilities and keep it clean
- Be courteous to other teammates and opponents
- Be courteous to all aquatic center patrons
- Represent your team with pride at all times
- Consumption of alcohol is prohibited
- Use of any illegal substances (drugs) will result in expulsion
- No swearing or inappropriate gestures
- Disrespect to the coaching or aquatic center staff will not be tolerated
- Abide by all posted aquatic center signage
- Mind all aquatic center staff and their instructions
- Physical assault of any type is prohibited
- Respect others personal property
- Theft is prohibited
- Weapons or firearms are not allowed
- Follow the posted speed limit in AC parking lot and outer lot
- "Horse play" in parking lot or in/on vehicles is prohibited
- Stop at all posted stop signs
- Abuse of equipment will not be tolerated
- Report all broken equipment to coaching staff ASAP
- No pets are allowed on the aquatic center grounds
- Abide by all California State Parks Rules and Regulations
- If witness to any other athletes in violation of these guidelines, please report it to a coach ASAP.
(anonymously if desired)
- All Fees/Paper work must be turned in on time

I _____ hereby understand the terms explained above and by signing this form I will abide by this code of conduct.

Signature _____ Date _____
(Athlete)

Signature _____ Date _____
(Parent)

ASI Sac State Aquatic Center

Contract, Indemnification, Release and Waiver

ASI Sac State Aquatic Center includes physically and emotionally demanding activities. We want to make sure you understand the risk of injury before you decide to participate. It is required that you read the following **Legal Document**, very carefully, make sure you understand it, fill in all the spaces, and sign it before you, or your child begin our program. **No person or child will be allowed to participate without the properly filled out waiver and medical release forms.**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING BELOW.
THIS AGREEMENT INCLUDES A RELEASE OF CLAIMS.

I am aware in signing this statement for participation in the **Sac State Aquatic Center's Rowing Programs** that certain elements are physically and emotionally demanding. This program may include swimming, running, plyometrics, jumping, dry land rowing (erging), rowing, weight lifting, and other rigorous activities on the water or on the land. My child will be working with Sac State Aquatic Center Instructors and with others in their group. It is possible that he/she may be injured while participating in the rowing program either because of their own conduct, conduct of others in the group, conduct of ASI Aquatic Center instructor, or the condition of the premises.

Therefore, I voluntarily elect to allow my child to participate and I affirm that he/she free of health conditions that might create undue risk to my child or others that depend on them. My child is not under a physicians care for any undisclosed condition that bears upon his/her fitness to participate.

I agree to indemnify and hold harmless ASI Sac State Aquatic Center, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in the rowing programs. I further agree to release, acquit and covenant not to sue ASI Sac State Aquatic Center, for all actions, causes of action claims or damages, damages in law or remedies in equity of whatever kind.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be California and governed by California law. As liquidated damages, I hereby agree that if ASI Sac State Aquatic Center is forced to defend any action, lawsuit or litigation by myself, my executors, my heirs or on my families behalf, my heirs or executors and I agree to pay ASI Sac State Aquatic Center costs and attorney fees if they successfully defend such action, lawsuit or litigation. In signing this document for my minor child I agree to pay any and all cost and attorney fees incurred by Sac State Aquatic Center in the event that the Aquatic Center is forced to defend any action, lawsuit, or litigation brought by my minor child.

The terms of this agreement shall continue and be in effect after the rowing program is over. Should any paragraph or part of this agreement be declared unenforceable by a court of competent jurisdiction the remaining paragraphs or parts shall remain in full force and effect.

I authorize and release to ASI Sac State Aquatic Center the use for any purpose of any photographic or video recorded image of the participant listed below.

I have adequate health, disability and life insurance for myself, and my family.

I hereby give permission for transportation to any medical facility or hospital, and I authorize for any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

I, _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself and my family this _____ day(s) of _____ (month) 200____.

Participant (print name)

Guardian (print name)

Participant Signature

Date

Guardian Signature

Date

(Parent or legal guardian must sign for all persons under 18 years of age. Proof of age may be required)

**ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE UNIVERSITY, SACRAMENTO
MEDICAL CONSENT FORM**

Dear Parent/Guardian

Your son/daughter is below the legal age of consent (21 years of age). The law requires that we have your permission to give medical service should the need rise. Your signature on the consent form will authorize us to proceed with the care of the lesser types of medical problems which may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below your child will be taken to the nearest emergency room facility.

NAME OF THE STUDENT: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
HOME PHONE: _____ MOBILE PHONE: _____
PARENT'S NAME: _____ WORK PHONE: _____
PARENT'S NAME: _____ WORK PHONE: _____

**IN CASE OF AN EMERGENCY,
PERSON TO CONTACT IF PARENTS OR GUARDIAN CAN NOT BE REACHED**

NAME: _____ HOME PHONE: _____
RELATIONSHIP: _____ WORK PHONE: _____

NAME: _____ HOME PHONE: _____
RELATIONSHIP: _____ WORK PHONE: _____

NAME: _____ HOME PHONE: _____
RELATIONSHIP: _____ WORK PHONE: _____

Does your child have any severe medical problems that we should know about? (For example: asthma, allergies to drugs, heart trouble, epilepsy, diabetes, physical disability etc?) Please specify.

Should there be any limits on his or her physical activity? If so what are they?

Has your child had any serious illness in the last three years? If yes, please explain:

(Medical Consent Form continued.)

At the present time, is your son/daughter under doctor's care? If yes, for what?

Is your child taking any medications or behavioral drugs at this time? _____

If yes, please explain: _____

Can we contact your doctor for medical reports? Yes No

Doctor: _____ Phone: _____ Hospital: _____

When was the last time your son or daughter had a complete physical examination?

Date: _____ Doctor: _____ Phone: _____

MEDICAL INSURANCE INFORMATION

Name of the Insurance Company: _____

Insurance Company Phone #: _____

Patient Record Number: _____

Policy Number: _____

Billing Information: _____

Please list any other information of importance.

I do hereby authorize the performance of medical examinations and necessary treatments (including test, x-rays, drugs, etc...) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my son or daughter participates in Associated Students Incorporated sponsored activities. If an emergency arises requiring a major surgical procedure, the camp director will attempt to reach me and be guided by my wishes; if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Parent's/Guardian's signature: _____

Date of Consent: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

CAPITAL CREW BOOSTERS CLUB

2009-2010 Volunteer Information

Athlete's Name:		Age:		High School:	
Parents Names:	(Father) _____				
	(Mother) _____				
Address:		City:		Zip:	
Phone	(Home) _____	(Cell) _____			
	Parent E-Mail: _____				

PARENTS PLEASE SELECT AND PLAN TO ASSIST IN TWO OR MORE OF THE FOLLOWING AREAS:

Food and Hospitality { }

Help prepare and serve food (that is provided by booster club) to the rowers on race day. Typical shift on race day will be 1 to 2 hours.

Finish Line { }

Assist the coaching staff on race day by recording race results or operate the finish line horn and flag. Training will be available. Typical shift on race day will be 1 to 2 hours.

Banquet Committee { }

A committee that meets several times throughout the year to arrange facilities, invitations, food, presentations/speaker and award distribution for the annual end of season banquet for approximately 300 people.

Logo Wear { }

Assist Logo Wear Coordinator with selling merchandise at crew events. Shift - 1 to 2 hours.

Ergathon Fundraiser { }

Ergathon fundraiser requires one or two evenings of collating materials for athletes to use in letter writing campaign, one day of supervising actual letter writing and one day working the Ergathon event. Shift - 2 to 3 hours.

Membership/Roster { }

Data entry and updates of novice and varsity athletes including parent information. Some computer skills required.

Travel { }

Assist with the set up of day tent, banners and chairs at away races. Also, assist with preparing and serving food at away races. May serve as chaperone and travel with the team, if necessary.

Election Committee /Capital Crew Boosters Club Board of Directors { }

Committee makes recommendations to the general membership regarding the slate of candidates for election to the CCBC Board of Directors which takes place in the spring.

Website / Communications / Media Relations { }

Assist webmaster with preparing information and pictures to be posted on CapitalCrew.cc webpage. Photography, video and Power Point skills are desirable. Assist with media relations; maintain contacts with local newspapers and television stations.

Special Events { }

Assist in the planning of a few parent events throughout the year (i.e. Booster BBQ, Championship weekend potluck on Saturday and Sunday for families of the rowers). Or assist in preparing and serving food at these events. Dads are welcome to dazzle everyone with their BBQ skills. Shift - 1 to 2 hours.

Alumni Reunion { }

Assist in planning and organizing this event, held annually, at the Sac State Aquatic Center on the Friday following Thanksgiving. Or assist in the preparing and serving food on that day. Shift - 1 to 2 hours.

Creative Memories { }

Update Capital Crew History binder and prepare annual year book. Assist webmaster with pictures and info for the web page. Design informational flyers for upcoming events.

??????????????

Are there any special talents that you would like to share with the Boosters? _____

Would you be interested in hosting a team dinner? _____