

SACRAMENTO STATE
AQUATIC CENTER

2023-2024 Capital Crew Apprentice Program

Personal Information Form

Please Print Legibly!

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: _____ Year of HS Graduation: 20____

Height: _____ Weight: _____ Shoe Size: _____

Parent's Information

(Parent 1 Information)

Parents Name (First, Last): _____

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

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

E-mail: _____

(Parent 2 Information)

Parents Name (First, Last): _____

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

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

E-mail: _____

SACRAMENTO STATE **AQUATIC CENTER**

CCAP Code of Conduct

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

- Respect the aquatic center facilities and keep it clean (*please pick up after yourself, i.e. water bottles, socks and misc. clothing. All items left will be put in lost and found. Lost & found will be cleaned out monthly and all items donated to Goodwill.*)
- Be respectful to other teammates and opponents
- Be respectful to all aquatic center patrons (*the Aquatic Center is a multi-use facility and may have many programs running at the same time, please be mindful of other 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 15mph 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
- **Athletes only have use of the facility during scheduled practice times**
- 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 before athlete will be allowed to participate.

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)



**WAIVER OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK,
AND AGREEMENT TO PAY CLAIMS**

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s): _____

In consideration for being allowed to participate in the above-referenced Activity, on behalf of myself and my next of kin, heirs, representatives, and assigns, I hereby **release, waive, and discharge from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Sacramento, Associated Students of California State University, Sacramento, State of California, through its department of Parks and Recreation and their employees, officers, directors, volunteers and agents (collectively the "University), and their employees, officers, directors, volunteers and agents from any and all liabilities or claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, property loss, or economic or emotional loss I may suffer because of my participation in the Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Activity, including any associated use of University facilities or premises and any travel to, from and/or during the Activity.**

I agree to indemnify and hold the University, Auxiliary Organization, the California Department of Parks and Recreation, and the United States Bureau of Reclamation harmless from any and all claims, actions, suits, costs, expenses, and liabilities for any injuries to myself and for any damage to my property or possessions that arise out of or arise from my participation in the Activity, including any injury or damage that occurs during the use of University facilities or premises and any travel to, from and/or during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University, the Auxiliary Organization, the California Department Parks and Recreation and the United States Bureau of Reclamation from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in the Activity, including travel to, from and during the Activity.**



I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

[In the event that any foreign language translation of this document has been attached hereto by the University, the English language version of this document shall be the authoritative version. The English language version shall be controlling in all respects and shall prevail in case of any inconsistency with the translated version].

I have read this document in its entirety, fully understand its terms, and acknowledge that I am signing it freely and voluntarily. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: _____

Participant Name (print): _____ Date: _____

Participant Signature: _____

Participant Name (print): _____ Date: _____

Participant Name (minor): _____ Birth Year: _____

Participant Name (minor): _____ Birth Year: _____

Participant Name (minor): _____ Birth Year: _____

Participant Name (minor): _____ Birth Year: _____

Participant Name (minor): _____ Birth Year: _____

If the Participant is under 18 years old:

I, the parent/legal guardian of the Participant identified above hereby agree to all of the above on behalf of the Participant

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

SACRAMENTO STATE
AQUATIC CENTER
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 arise. 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: _____
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/injury 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: _____

SACRAMENTO STATE **AQUATIC CENTER**

PHOTOGRAPHIC, VISUAL, AUDIO, IMAGE RELEASE

This agreement is given in consideration of my own or my child's photograph, image and or audio of said personal likeness being taken and possibly published on Internet Websites, Broadcasts, and other publications as released to or by California State University, Sacramento, herein the University, Associated Students, Inc. at Sacramento State as well as by the Sacramento State Aquatic Center.

WARNING AND ASSUMPTION OF RISK:

I understand that there are inherent risks associated with publication of my own or my child's photograph, audio and image of personal likeness on the Internet, in videos and in publications. These risks may include but not be limited to identity theft and wrongful assumption by others of my or my child's identity or who I or my child is and or danger to myself or my child.

I agree to assume these risks, whether known or unknown to me of permitting publication of my own or my child's photograph, image of personal likeness and or personal audio on the internet, in publications or in videos.

GRANT OF PERMISSION TO TAKE PHOTOGRAPHS, IMAGES AND PERSONAL AUDIO:

I grant permission to the University, Associated Students, and Sacramento State Aquatic Center and their employees and agents to take and use photographs, and visual/audio images of myself or my child for any legal purpose. Visual/audio images include any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I grant this with the understanding that the University, Associated Students and Sacramento State Aquatic Center will not materially alter the original images. In accordance with this grant, I also waive my and my child's rights to inspect or approve finished images or electronic matter prior to publication and waive compensation for their use.

RELEASE:

On behalf of myself, my child and our heirs, I hereby waive, release and discharge any and all claims of damages for death, bodily injury, personal injury or property damage which I or my child may sustain, or which hereafter accrue to me or my child, against the Trustees of the California State University, California State University, Sacramento, Associated Students, Inc. and Sacramento State Aquatic Center as a result of my own or their own personal photograph(s), image of personal likeness or personal video/audio being published except for those liabilities, claims and costs arising from the sole active negligence of the above stated entities. This release is intended to discharge the University, its Trustees, Associated Students, Sacramento State Aquatic Center and their officers, employees, and volunteers, from and against any and all liability arising out of or connected in any way with publication of my own or my child's photograph(s), images of personal likeness, or personal video/audio, except for the related sole active negligence of these entities. It is further understood and agreed that this waiver, release and assumption of risk is entered upon behalf of my child and myself and shall be binding on my and their heirs and assigns.

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have been fully informed of the risks and dangers involved in photographic publication of my own or my child's photograph, images of my/their personal likeness and video/audio.

I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, Assumption of Risk and Release of Liability.

PARTICIPANT NAME (Print): _____

SIGNATURE (if 18 years old or older): _____ Date: _____

NAME OF PARENT LEGAL GUARDIAN: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ Date: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

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

Athlete History/Bio

Do you have any previous rowing experience? Please explain?

What other sports have you participated in? _____

What are your goals for the upcoming season while participating with CCAP?

Have you had any previous injuries?

Do you have any other family members that row?

How did you hear about CCAP?

What is your favorite color? _____

What is your favorite dessert? _____

Who is your favorite superhero? _____