



Junior Summer Rowing Programs 2011

HOW TO REGISTER:

1. Complete the attached forms. If you already have a float test on file, you do not need to complete another.
2. Enclose check payable to "PRC" and indicate your child's name in the memo line, then mail it in or drop it off at the Pocock Rowing Center. If you choose to pay by credit card, please turn in the attached Credit Card Authorization form with this paperwork.

Pocock Rowing Center
 ATTN: Juniors
 3320 Fuhrman Ave. East
 Seattle, WA 98102

For more info call:
 Matt Lacey, Director or
 Nat Hopper, Office Manager
 206.328.0778
 info@pocockrowingcenter.org

3. **PLEASE REGISTER EARLY** – Payment is due at time of registration. No refunds will be given after completion of half of the camp.

Six-Week Camp for Novice and Experienced Rowers:

June 27th – August 6th, Monday to Friday, 8-10am \$350

Camp of Excellence:

August 8th – August 19th, Monday to Friday, 8:30am-2:30pm \$450

Novice Two-Week:

August 8th – August 19th, Monday to Friday, 8-10am \$135

Limited scholarship assistance is available, forms available in the PRC Office

**For full description of the above camps, please visit:
www.pocockrowingcenter.org/juniors.html**

JUNIOR SUMMER ROWING REGISTRATION FORM

Please check all applicable:

6-Week: Novice Experienced Novice 2-Week Camp of Excellence

Parent/ Guardian Name: (last) _____ (first) _____ Date: _____

Address _____ City: _____ Zip: _____

Phone (h) (_____) _____ (w) (_____) _____ (emergency) (_____) _____

Parent Email: _____ Participant's Email: _____

Participant Name		Participant Signature	Birth Date	Camp Fee
Last	First	parent if participant is under 18		



PRC Credit Card Authorization Form 2010

(If not paying by credit card, please skip this page)

Participant Name: _____

Name (as it appears on card) _____

Card number: _____

3 Digit Security Code _____

Exp. Date (mo/yr) 00/00 _____ MASTER CARD or VISA

Please check your expiration date

Signature: _____

Is the billing address for this card the same as listed in Page 1? Yes No

If No, please provide us with the billing address:

Street: _____

City: _____

Zip code: _____



PRC Waiver of Liability

I recognize that participation in the sport of rowing at the George Pocock Memorial Rowing Center (GPMRC) involves hazards to me including, but not limited to drowning, collision with other boats, contusions or concussions, hypothermia, sunburn, back strain, and other personal injuries. I hereby personally assume all risks, whether foreseen or unforeseen, for any harm, injury, loss, or damage in connection with the use of GPMRC that might befall me as a result of my participation.

I agree to defend, hold harmless, indemnify, and release GPMRC and the George Pocock Rowing Foundation (GPRF), its officers, directors, employees, and agents from any and all claims, damages, or losses by me or my family, heirs, or assigns, arising out of my use of GPMRC, even if caused solely by the negligence of the GPMRC, the GPRF, its officers, directors, employees, and agents.

Furthermore, I assume complete responsibility for any property damage and/or personal injury caused by me. I promise to pay for all costs involved within 30 days upon presentation of a statement.

I understand this agreement is a contract and shall remain in effect for the duration of my participation and use of GPMRF and shall continue thereafter as to any occurrence during my participation and use of GPMRC. This agreement shall bind my heirs, personal representatives, assigns, and all members of my family, including minors.

I have fully informed myself of the contents of this Assumption of Risk, Liability Release, and Indemnity Agreement by reading before signing it.

PRINTED NAME OF PARTICIPANT: _____

ADDRESS: _____

Street City State Zip

PHONE: _____

EMAIL: _____

DATE: _____

PARTICIPANT'S SIGNATURE: _____

(Only if 18 or over. If under 18, parent/guardian must sign)



USRowing Release of Liability

ALL USROWING MEMBERS MUST read, sign and submit the Annual Release of Liability form. Failure to do so may invalidate your membership. When registering online, you MUST sign the Annual Release of Liability document and forward to USRowing by mail at: USRowing at 2 Wall Street, Princeton, NJ 08540, or fax to (609)924-1578

IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, until the end of this calendar year, I, for myself, my personal representatives, assigns, heirs, and next of kin.

1. 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. 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 Releasee named 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. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of USRowing 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. 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 Releasees 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 Releasee 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 Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees 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 I 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 a 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.

Printed Name of Participant/USRowing #:

_____ # _____

Address: _____

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

Phone: _____ **Date:** _____

Participant's Signature:

Parental Consent (if participant is under the age of 18).

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 Releasees 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 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.

Printed Name of Parent/Guardian:

Address: _____

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

Phone: _____ **Date:** _____

Parent/Guardian Signature (only if participant is under the age of 18):



Swim / Float Test

All prospective rowing participants must pass a Swim / Float test prior to using any equipment provided by the Pocock Rowing Center or participating in any Pocock Rowing Center programs.

The Swim / Float test consists of keeping afloat for ten minutes without touching the sides or bottom of the pool, and without receiving assistance of any kind from an object or another person. You must also be wearing long pants and a long sleeve shirt while undergoing this test.

The certified Lifeguard or Water Safety Instructor (WSI) must complete the information below:

Information below to be filled out by a certified Lifeguard / Water Safety Instructor only

I, _____.

a certified lifeguard / water safety instructor at the _____

pool do hereby certify that _____

remained afloat under his/her own power for ten minutes without touching

the sides or bottom of the pool, and without receiving assistance of any

kind from any object or person.

Date: _____

Signature: _____





Pool Schedule

This is a list of pools in Seattle you can use to acquire your swim/float test. Other cities also have accredited pools. **Pools semi-regularly change hours, so please call ahead to verify times.** Identification is required. You must float, tread water, or swim in place for ten minutes, in deep water while wearing long pants and a long sleeved shirt. In the final minute of the test you must put on a life vest while continuing to tread water. Fees are generally \$2.75 for 18 years and younger.

Ballard - 1471 NW 67th St. – 206-684-4094

M-F 12:00pm-1:15pm & 1:30-2:50pm
M/W 8:30pm-9:30pm
T 7:30pm-8:30pm
W 6:30pm-7:30pm
F 7:00pm-8:00pm
Sun 2:00pm-3:00pm

Evans - 7201 E. Greenlake Dr. N – 206-684-4961

M-Sat 1:30pm-2:30pm
T/Th/F 7:00pm-8:00pm
Sat 3:30pm-4:30pm

Helene Madison - 13401 Meridian Ave. N – 206-684-4979

M-F 2:00pm-3:30pm
M/W 7:30pm-8:30pm
F 7:00pm-8:00pm
Sun 1:00pm-2:00pm

Meadowbrook - 10515 35th Ave. NE – 206-684-4989

M-Sat 1:30pm-3:00pm
M 7:30pm-8:00pm
M/F 10:00am-11:00am
T/Th 7:00pm-8:00pm
F 4:00pm-5:00pm & 7:30pm-8:30pm
Sat 9:30am-10:30am & 1:30pm-3:00pm & 4:30pm-5:30pm

Queen Anne - 1920 1st Ave. W – 206-386-4282

Everyday 1:30pm-2:45pm
T/Th 8:00pm-8:30pm
F 7:00pm-8:00pm
Sat 10:00am-11:00am & 3:30pm-4:30pm

Rainier Beach - 8825 Rainier Ave. S. – 206-386-1944

M/W 6:30pm-7:30pm
M/F 10:00am-11:00am
F 5:30pm-7:00pm
Sat 1:30pm-3:30pm
Sun 2:30pm-4:30pm