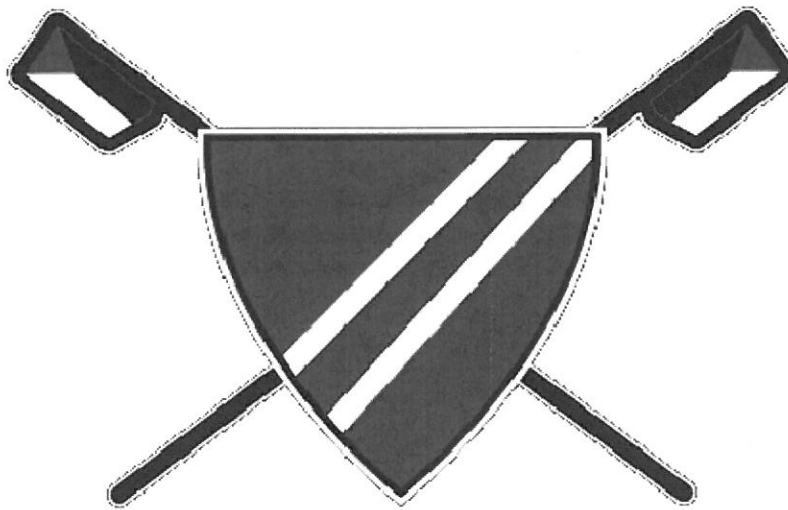


# Westford Area Rowing

## Fall 2016

### REGISTRATION PACKET



Westford Recreation Department  
39 Town Farm Road  
P.O. Box 2444  
Westford, MA 01886

(978) 692-5532  
[www.westfordlittleton.com](http://www.westfordlittleton.com)

# Westford Area Rowing

## Fall 2016

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# Westford Area Rowing

## Fall 2016

[www.westfordlittleton.com](http://www.westfordlittleton.com)

Welcome to Westford Area Rowing. No experience is necessary for the tryouts, but students must be able to swim and will need to pass a swim test before being allowed to practice on the water. Students must be committed to attending practice five days a week, as well as Saturday and Sunday practices and races.

### Registration Packets

In addition to completing the Westford Area Rowing packet, each participant must submit a copy of a valid physical (A physical expires one year from date of exam) and a copy of a most recent report card. Returning rowers are required to complete the packet as well. **Registration packets are due before attending any practice.** Please mail or drop off completed registration packets to:

**Westford Parks & Recreation Department, PO Box 2444, 39 Town Farm Road,  
Westford, MA 01886**

### Registration Limits

If enrollment exceeds resources, the coaches reserve the right to make cuts. Any participant who is unable to continue in the program due to these restrictions after the try-out period will be refunded the fee, less \$25.00 administrative fee.

### Regular Rowing Practice

Please check the website, [www.westfordlittleton.com](http://www.westfordlittleton.com) for updates. Practices will run during the school year, days and times will be announced at the Student/Parent meeting & posted online. In the event of a cancellation, it will be announced by email.

**ALL REGISTRATION MATERIALS MUST BE COMPLETE WITH WESTFORD RECREATION PRIOR TO ATTENDING ANY PRACTICE.**

### Swim Test Requirement

*All rowers are required to take a swim test.* You will only have to take this test once - we will keep record of your swim test for future years. After the first year you DO NOT NEED to give proof of your swim test. Refer to swim test form in the packet.

### Communication/Website

Please make it a priority to check our website at [www.westfordlittleton.com](http://www.westfordlittleton.com). Please include your email addresses on our registration forms. Email is the primary form of communication for our organization. Email addresses are used only to send out team announcements from the coaches, directions to regattas, volunteer opportunities, and other important organizational messages.

**Westford Area Rowing**  
**Fall 2016**  
**[www.westfordlittleton.com](http://www.westfordlittleton.com)**

**Contact Information**

**Coaching Staff**

**Head Coach, Men's Novice** - David Cormier

Email - [dcormier@westfordma.gov](mailto:dcormier@westfordma.gov)

Phone - 508-335-3584

**Women's Varsity** - KC Lumbard

Email - [kclumbard@gmail.com](mailto:kclumbard@gmail.com)

Phone - 603-732-2588

**Men's Varsity** - Michael-Anne Sevick

Email - [michaelanne.sevick@gmail.com](mailto:michaelanne.sevick@gmail.com)

Phone - 860-614-4141

**Women's Novice** - Kate Greene

**Recreation Department**

**Main Line** - 978-692-5532

**Assistant Director** - Sandra Habe

Email - [shabe@westfordma.gov](mailto:shabe@westfordma.gov)

Phone - 978-479-8720

# Westford Area Rowing

## Fall 2016

[www.westfordlittleton.com](http://www.westfordlittleton.com)

### Participation Fees

#### Registration Fee:

Returning Athletes: **\$ 850**

Novice Athletes: **\$750**

- The registration fee can be processed by credit card or check (made out to "Town of Westford")

The registration fee includes:

- Coaching and Use of Equipment
- Race entry fees
- End of season banquet

#### WFOR Capital Equipment Fee:

All Athletes: **\$100.00**

- The WFOR fee must be paid by check (made out to "WFOR")

**WFOR Capital Equipment Fee:** is based on costs to fuel the ongoing need for new equipment as our program grows. This is a common structure for rowing programs in that the base fee goes to support day to day operating costs of our program. If you choose to add greater than \$100 of the cost of the program that you are participating in we wish to thank you in advance for your generosity

**WFOR - "Westford Friends of Recreation"** is a non-profit organization that is responsible for prioritizing the expenditures from the capital equipment funds, and is managed independently from the Westford Recreation Department. As a result, this part of your payment is **tax deductible**.

If you would like a Tax Deductible receipt for your WFOR payment please ask Pam McNiff at the Recreation Department when you drop off your registration packet.

#### Regatta Food Fee

All Athletes: **\$40**

The regatta food fee must be paid in cash at the time of registration. This money covers the cost of purchasing food and supplies for our parents group.

#### Unisuit

All Athletes: **\$85**

# Westford Area Rowing Fall 2016

## Credit Card Authorization/Check Payment Form

Participants Name: \_\_\_\_\_

### Cardholder Information

Please Circle:           Master Card    Visa

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize Westford Recreation, to charge my credit card as follows:

**Please check off those that apply:**

#### Varsity Athlete Registration:

Payment 1:   \$425.00

Payment 2:   \$425.00

-OR-

Full Payment : \$850

#### Novice Athlete Registration:

Payment 1:   \$375

Payment 2:   \$375

-OR-

Full Payment: \$750

*\*\* \$50.00 Sibling discount for the second child in the program*

**Payment 1 or Full Payments will be processed by September 5. Payment 2 will be processed by**

**October 3. Payment by check will only be accepted in the Full Amount.**

I hereby authorize collection of payment for all charges as indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Westford Recreation will keep all information entered on this form strictly confidential.

Once processed, all card information will be destroyed.

# Westford Area Rowing Fall 2016 Calender

Date	Race	Location
August 22	Training Camp	Westford, MA
August 29	First Day of Practice	Westford, MA
September 17	Lucky Duck Regatta	Westford, MA
September 24	Matawanakee Fall Classic	Westford, MA
October 2	Textile River Regatta	Lowell, MA
October 16	New Hampshire Championships	Pembroke NH
October 22-23	Head of the Charles Regatta	Boston, MA
October 29 - October 30	Head of the Fish Regatta	Saratoga Springs, NY

Weekday Practice is 3:00pm to 5:30pm, Mondays through Fridays.

# Westford Area Rowing Fall 2016 Registration Form

**Athlete Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_ **M/F** \_\_\_\_  
**Street Address** \_\_\_\_\_ **Town** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Athlete Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_  
**School** \_\_\_\_\_ **Year/Grade** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_  
**Work phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Alternate Emergency Contact** \_\_\_\_\_ **Relationship to Athlete** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

## WESTFORD AREA ROWING MEDICAL RELEASE

As parent or legal guardian of \_\_\_\_\_, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life and/or limb of my dependent. I further agree that a copy or facsimile of this form shall be acceptable for emergency use.

**Parent/Guardian:** \_\_\_\_\_  
Please Print

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Best Number to Reach Parent/Guardian:** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Insurance ID Number** \_\_\_\_\_

**Insured Holder's Name** \_\_\_\_\_ **Insured Holder's DOB** \_\_\_\_\_

**List any dependent allergies or medical conditions** \_\_\_\_\_  
\_\_\_\_\_



# Westford Area Rowing

## Fall 2016

### Student Athlete Emergency Release and Information Form

*To be completed by parent or guardian (Please print)*

Student's Last Name	First Name	School	Grade
<i>Westford Area Rowing</i>	Male/Female	Student Date of Birth	Age

Date of Last physical: \_\_\_\_\_

(Last June the MIAA voted to align regulations with the Mass Dept of Public Health so that **sports physicals** will expire 13 months from the date of the exam.)

Check any health problems:

	Yes	No		Yes	No
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Uses Inhaler	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Carries own inhaler	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Carries own epi-pen	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Concussion (head injury)	<input type="checkbox"/>	<input type="checkbox"/>
Fracture	<input type="checkbox"/>	<input type="checkbox"/>	Knee injury	<input type="checkbox"/>	<input type="checkbox"/>
Back Injury	<input type="checkbox"/>	<input type="checkbox"/>	Neck injury	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder Injury	<input type="checkbox"/>	<input type="checkbox"/>	Hip injury	<input type="checkbox"/>	<input type="checkbox"/>
Foot/Ankle Injury	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problem	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Single organ i.e. kidney	<input type="checkbox"/>	<input type="checkbox"/>	Wears dental appliance	<input type="checkbox"/>	<input type="checkbox"/>
Wears glasses/contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	Operations	<input type="checkbox"/>	<input type="checkbox"/>

Other \_\_\_\_\_

Explain any checked yes and provide date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City, St, Zip \_\_\_\_\_

Home Tel. No \_\_\_\_\_ Work Tel. No \_\_\_\_\_

If unable to reach, contact:

1. \_\_\_\_\_  
Name (Print) \_\_\_\_\_ Tel No. \_\_\_\_\_

2. \_\_\_\_\_  
Name (Print) \_\_\_\_\_ Tel No. \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Student's M.D. \_\_\_\_\_ Tel No. \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Tel No. \_\_\_\_\_

In case of medical emergency, the coach, athletic trainer, or team physician has our consent to apply first aid and secure an ambulance service in case a parent or legal guardian cannot be reached. I also give permission to the physician selected by the school to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expense incurred in handling this emergency care.

I authorize disclosure of health information included on physical forms to trainer/coaches.

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

**WESTFORD AREA ROWING**  
**CONSENT AND RELEASE FROM LIABILITY FORM**

Activity, as used herein, shall include any organized, supervised or authorized rowing, paddling or conditioning activities, on or off the water, in which a member or guest of Westford Recreation Department & Westford Area Rowing or an affiliated group may engage.

**INSTRUCTIONS**

1. Persons age 18 and over, complete PART A only.
2. Persons under age 18 must complete PART A and have parent or guardian sign PART B.

**PART A — CONSENT AND RELEASE FROM LIABILITY**

By participating in the Activities, as defined above, I agree to abide by and be bound by the statements and representations below from the outset to the conclusion of my participation. I further agree to notify in writing an officer of director of WAR of any change in my condition which might affect my ability to participate safely.

1. I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me. I am a competent swimmer.
2. I understand and appreciate that participation in the Activities, despite all reasonable precautions implemented for my safety as a participant, carries a risk of serious injury, including death. I also understand and appreciate that controlling that risk is a responsibility that as a participant I must share.
3. By my continued participation, I voluntarily and knowingly assume the risk of injury resulting from my participation.
4. I hereby release, discharge and forever waive any causes of actions, suits, claims and demands whatsoever, in law or in equity, which I may have or which my heirs, executor or administrator may hereafter may have against WAR, USRowing, the Town of Westford - Massachusetts, the Westford Recreation Department, their employees, officers, directors, governors or advisors, any affiliated group or any individual or entity holding legal title to any property or premises upon which Activities are conducted, or any USRowing or WAR or Westford Recreation Department sanctioned event, excluding however, any such causes of actions, suits, claims or demands resulting from intentional misconduct or gross negligence. I understand that this will preclude me from suing in the event I am accidentally injured while participating in an Activity.
5. I give consent for the WAR to provide, at my expense, medical/athletic training attentions, transportation, housing, meals, and emergency medical services as warranted. If I choose to obtain these attentions and services from others, I accept full responsibility for such actions and their consequences.
6. I agree to abide by the general rules of conduct prescribed for participation in this Activity.
7. I agree to assume financial responsibility for any health or other personal loss incurred while participating in Activities that are not covered by my insurance and other insurance coverage that may be provided to all participants in these Activities.
8. I hereby give permission to the WAR to photograph me while engaged in Activities and to use such photographs in WAR fund raising and promotional materials, including without limitation on the WAR web site, and in membership packages, newspapers, newsletters brochures, magazine, video, television and brochures. The photograph may or may not contain an identifying caption.

Name <i>(Please Print)</i>	Signature	Date
----------------------------	-----------	------

**PART B — PARENT/GUARDIAN CONSENT (If participant is under age 18)**

I have been given the opportunity to review, and to explain to my son/daughter, the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in this Activity under the above-stipulated conditions.

Name <i>(Please Print)</i>	Signature	Date
----------------------------	-----------	------

# Release of Liability



IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, during the policy term 12/31/13- 12/31/14, 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.

5. 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 \_\_\_\_\_

Organiza Westford Area Rowing \_\_\_\_\_

## PARENTAL CONSENT

(For participants 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 \_\_\_\_\_

Signature \_\_\_\_\_

# Westford - Littleton Rowing - Code of Athlete Code of Conduct

## Athlete Code of Conduct

The cornerstone of this code of conduct is **RESPECT**. Athletes are expected to treat the coaches, volunteers, administrators, parents, and each other with respect.

As a prerequisite for participation in the Westford Area Rowing, participants and parents are expected to sign this statement that commits the participant & parent(s) to follow the established training rules & abide by the Code of Conduct.

1. A participant shall always be respectful toward another rower, coach, volunteer, Recreation Department staff or any other person. Participants will not harass, ridicule, or humiliate any other individual. Prohibited actions include verbal or nonverbal disrespect, psychological, or physical abuse.

In addition, participants must:

- a. Treat officials, coaches, opponents, teammates, and volunteers with respect.
  - b. Represent the club with dignity and good sportsmanship at all regattas and regatta trips.
  - c. Refrain from using obscene language and gestures.
  - d. Follow the coach's instructions both on and off the water at all times.
2. All athletes must participate in routine maintenance & storage of equipment. Report problems to the coaching staff immediately.
  3. Participants shall arrive at practice, meetings, & regattas at the properly scheduled time. Participants are expected to attend practices daily & Saturdays based on each season's schedule of practices. Both effort & performance are important aspects of attendance and are expected by the coaching staff, as well as your fellow teammates.
  4. Missing practices will affect boat placement. Unexcused absences are unacceptable. Excused absences must be kept to a minimum. If you are out sick from school you should NOT attend practice. Athlete needs to notify the coach by telephone and/or email as early as possible, email preferred. Failure to notify coaches counts as an unexcused absence. Please schedule doctors' appointments at non-practice times.

Examples of Excused Absences include:

- Illness (requires doctor's note if extended)
- Death in Family
- Court Appointments
- College Visits

5. Participants are expected to show initiative & dedication to self-improvement & training when not on the water or in between seasons.
6. All participants are required to show respect for the neighborhoods and community property surrounding Forge Pond. There is absolutely no littering, loitering or trespassing on private property. Athletes shall participate in regular cleanup of the beach property, beach house, and the parking lot.

## **Athlete Code of Conduct (cont'd)**

### **Substance Abuse Policy:**

The use and/or possession of alcohol, illegal drugs, and tobacco products are strictly prohibited. Those who choose to violate this policy are subject to immediate notification of the athlete's parent(s) and removal from participation on the team for that season.

Westford Area Rowing participants are required to display good citizenship and sportsmanship in connection with their participation on the team. Coaches have the authority to suspend a rower temporarily for failure to comply with rules and regulations, for displaying poor sportsmanship, or when the participant's safety or safety of others requires such actions.

Disciplinary action for a violation of the Code of Conduct will be commensurate with the nature and extent of the violation, and may include direction to stop the offensive behavior, temporary suspension, or removal from the team for a season or permanently. Consent of the Recreation Department is required prior to removal of a participant from the team.

### **Commitment Statement:**

We, the undersigned, acknowledge receiving and reading this Code of Conduct. We understand and agree to abide by these rules of conduct. We further acknowledge that failure to return this document signed by both the participant and his or her parent or guardian renders the student rower ineligible to be a member of Westford Area Rowing.

#### **Coxswain/Rower**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Parent/Guardian**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parent Code of Conduct

The Westford Recreation Department and WLCC reserves the right to address any issues of misconduct on the part of student-athletes, parents, or spectators and take the appropriate action consistent with our goals of fair play and sportsmanship. We also reserve the right to address character issues of misconduct or inappropriate behavior on the part of student-athletes which may occur outside of school or school sponsored events not specifically covered in the student or athletic handbooks.

Below are some expectations that we have for all parents:

1. All parents must understand that all team-related decisions are left solely to the coaching staff. This includes but is not limited to: training, regatta attendance, boat placement, and roster size.
2. Parents are to exemplify respectfulness, and good sportsmanship at all times.
3. Parents are expected to read the player rules we have outlined in the Athlete Code of Conduct. We expect parents to hold their child accountable when a rule is broken.
4. Parents must understand that the needs of the team are the top priority, and personal goals come second.
5. Parents are expected to use proper communication channels at all times.
6. Parents are not to attend practices. Please understand that a parent's presence can serve as a large distraction for both the athletes and the coaching staff, and such distractions must be kept to a minimum to ensure a safe and productive training environment.
7. Parent participation is requested at Regattas and Fundraisers. Sign-up sheets will be available at the parent / athlete information night.
8. Parents can expect the coaching staff to hold themselves to the highest standards of respect and professionalism at all times.

**Parent/Guardian:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Westford Area Rowing Fall 2016

Opt in for email updates/email sharing for parents/guardians

Please circle appropriate boxes below.

Yes	No	Share my email address with the WLCC Board of Directors
Yes	No	Please include our email addresses in the WLCC Directory

## Westford Area Rowing Parent Volunteer Form

**Volunteer!** Your talents can make a difference. The remarkable growth and success of Westford Area Rowing depends on our parents and volunteers, running the show behind the scenes. You too, can help! It's fun & it's a great way to make new friends. You don't need to know a thing about rowing. Curious, but not sure how you might fit in? Contact a member of the Rowing Board! Their email addresses can be found on the WAR website; [www.westfordlitleton.com](http://www.westfordlitleton.com). You can also host a spaghetti supper! (Information below)

**Host Spaghetti Supper (Spag):** (April 15, 29, May 13, 20, 28)

Spaghetti suppers are for the athletes prior to the Regattas.

The host family is not expected to provide the food.

We will send out an electronic sign-up sheet prior to each Spag.

Spags are scheduled to run from 6:00 – 9:00 PM

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

**Regattas:** We may also need additional food items/supplies and will send out a sign up prior to each regatta.

## Westford Area Rowing Swim Test Form

(Required 1<sup>st</sup> Season Only)

All rowers, scullers, coxswains, and coaches must pass the following swim-test and have a certified Lifeguard or American Red Cross Water Safety Instructor attest to completion of this test by signing the form below.

The swim-test is comprised of the following elements:

50 yards continuous swim, any stroke

10 minute continuous tread water

After 10 minutes of treading water put on a life-jacket and secure it while treading water

**This form should be submitted as part of your WAR record when completed.**

----- Certification -----

I, \_\_\_\_\_, certify that \_\_\_\_\_  
*(Print guard or instructor's name)* *(Print WAR Members name)*

has completed 50 yards of continuous swimming, followed by 10 minutes of treading water, and then put on a life jacket while in the water and secured it following the 10 minutes of treading water.

This test of swimming ability was given

At \_\_\_\_\_ on \_\_\_\_\_  
*(Print Location)* *(Print Date)*

I'm currently certified as a lifeguard or American Red Cross Water Safety Instructor. My certification expires

On \_\_\_\_\_  
*(Print Date)* *(Signature of Guard or Instructor)*

\_\_\_\_\_  
*(Signature of WAR Member)*



# Westford Area Rowing Fall 2016

## Registration Checklist

Have you completed the following required steps?

- Completed the Westford Area Rowing Registration Form, **required each season**, signed by Parent/Guardian and attached a copy of most recent report card.
- Completed the Medical Release Form, **required each season**, signed by Parent/Guardian.
- Completed Credit Card Authorization Form or included a check ("Town of Westford") for registration fee.
- Included a **\$100.00** check made out to **WFOR/ROWING**.
- Included **\$40 cash** for the Regatta Food Fee
- Completed the Westford Area Rowing Consent and Release from Liability Form, signed by Athlete & Parent/Guardian.
- Completed Student Athlete Emergency Release and Information Form.
- Completed the US Rowing Release of Liability Form, signed by Athlete & Parent/Guardian.
- Read the Westford Area Rowing Code of Conduct, signed by Athlete & Parent/Guardian.
- Completed the Parent Volunteer Form.
- Complete Swim Test & Form (New members only), signed by a certified lifeguard. Test can be taken at any pool or pond supervised by a certified lifeguard.
- Uniform order form (required for new athletes)
- A current Full Privileged US Rowing membership or registered to receive "Waiver Only-No Individual Membership" Non-Privileged US Rowing Membership status during current calendar year at [www.USRowing.org](http://www.USRowing.org).

Choose one of the following options:

Waiver Only – Requires annual registration; Expires 12/31; Free  
Full Privileged US Rowing Membership\*, requires annual registration – added fee  
*\*District Championships & Nationals require a Full Privileged US Rowing Membership*

- Online Concussion Head Injury Video**- Every student athlete and a parent must complete this online video one time per year. Please complete this **first before registering for a sport**. The link can be found on WA Athletics Home Page. <http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>
- Copy of current physical is required for participation; physicals expire 12 months from date of physical.