



2017/2018 SEASON

REVIEW ALL FORMS, *SIGN AND RETURN:*

- Student/Parent/Emergency Information
- Authorizations for Participation and Medical Treatment
- Waivers
- Participation in The Knox Crew
- Athlete/Parent Contract
- Payment Information

Student / Parent / Emergency Information

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Name _____ male ____ female ____

Date of Birth _____ age ____ current grade ____

Year of graduation (yyyy): ____ Height: ____ ft ____ in Weight: _____ lbs

Tel. # (cell) _____ Email _____

MEDICAL CONDITIONS/ ALLERGIES/ REQUIRED MEDICATIONS

PARENT(S)/GUARDIAN INFORMATION

Name(s) _____

Address _____

Tel.# (home) _____ (work) _____ (cell) _____

Fax # (home) _____ (work) _____

Email (parent's) _____

EMERGENCY CONTACT INFORMATION (IF PARENTS UNAVAILABLE)

Name(s) _____

Address _____

Tel. # (home) _____ (work) _____ (cell) _____

Fax # (home) _____ (work) _____

PARENT/GUARDIAN AUTHORIZATION FOR PARTICIPATION:

I/We _____ the parent(s)/guardian of _____, hereby give our permission for our son/daughter to participate in all crew related activities during the 2017/2018 Crew season

I/We agree to release and hold harmless Knox School, administrators, and chaperones from any and all liability, loss, damages, claims, or actions for bodily injury and/or property damage arising out of participation in this trip, in accordance with current state and federal law.

Date: _____ Signature: _____

Home phone: _____ Emergency #'s: _____

PARENTAL/GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT:

I/We _____, the parent(s)/guardian of _____ hereby acknowledge that I/we may not be available to provide consent for medical treatment in the event that our child becomes sick or is injured during this trip authorized above. In the event I/we are not available to give such consent, it is my/our desire to have the best available medical treatment for my/our child. THIS FORM HEREBY AUTHORIZES THE SCHOOL PROFESSIONAL (S) NAMED BELOW TO ACT ON MY/OUR BEHALF WITH RESPECT TO ANY REQUIRED MEDICAL TREATMENT DECISIONS AND CONSENTS, UNTIL SUCH TIME AS I/WE ARE ABLE TO PROVIDE THESE ITEMS. NOTICE IS HEREBY GIVEN TO ANY QUALIFIED MEDICAL PERSONNEL THAT THIS AUTHORIZATION IS CURRENTLY IN EFFECT, AND SUCH PERSONNEL ARE DIRECTED TO ACT UPON SUCH AUTHORIZATION WITHOUT DELAY.

Designated School Supervisor(s): Monika Zdrojewska

Parent/Guardian Signature: _____ Date: _____

THE KNOX CREW-PARTICIPATION WAIVER

IN CONSIDERATION of being given the opportunity to participate in **The Knox Crew**, 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 Releases names 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 **The Knox School** 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 **The Knox**, their coaches, 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 of the Releases herein) from all liability, claims, demands, losses or damages on my account caused or allege to be caused in whole or in part by the negligence of the Releases 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 Releases, I **WILL INDEMNIFY< SAVE AND HOLD HARMLESS** each of the Releases, from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that 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 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: _____ **Date:** _____

Address: _____

_____ **Phone:** _____

Signature (only if age 18 or over) _____

PARENTAL CONSENT

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 Releases 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 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 Releases, I **WILL INDEMNIFY, SAVE, AND HOLD HARMLESS** each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: _____ **Date:** _____

Address: _____

_____ **Phone:** _____

ATHLETE/PARENT CONTRACT: STUDENT/PARENT COPY

TEAM GUIDELINES AND POLICIES:

In order to have a successful season, the coaching staff has set the following team guidelines and policies for all members of Knox Crew. After reading, please indicate your willingness to follow these guidelines and policies by signing at the bottom of the page. One copy is for the coaches; the other for your records.

1. For weekday practices – all athletes will be ready for practice no later than 6:00 a.m.
2. All athletes will be on time for practice, required meetings (such as work parties), and regattas.
3. **The Attendance Policy** – All students are expected to arrive on time and to meet all scheduled appointments. Please refer to the information document for full explanation of the following:
 - **Excused Absences:** These count as an absence but will not result in a cut.
 - **Unexcused Absences:** These count as an absence AND may result in a cut.
 - Weekday evening conflicts:
4. All athletes will be prepared for any type of practice; either on water or on land (see Section 3.2 of information packet for detailed list of expected apparel).
5. All athletes will wear required racing attire at regattas, as outlined in the information document.
6. All athletes will conduct themselves in a sportsmanlike manner and use appropriate language at all times.
7. Poor attitude, behavior, or excessive absences of any kind may result in suspension from practice.
 - Accumulation of 3 suspensions will almost in all cases result in expulsion from the team.
8. All athletes and parents understand that athlete selection, boat line-ups, and regatta participation is entirely at the discretion of the coaching staff.
9. By signing this contract you are indicating you read and abide by all rules in parent/athlete information packet.

We have read the above and agree to abide by these guidelines for the duration of the 2017 fall season.

____/____/____
Date

Student Athlete

Parent

ATHLETE/PARENT CONTRACT: COACHES COPY

TEAM GUIDELINES AND POLICIES:

In order to have a successful season, the coaching staff has set the following team guidelines and policies for all members of Knox Crew. After reading, please indicate your willingness to follow these guidelines and policies by signing at the bottom of the page. One copy is for the coaches; the other for your records.

All athletes will be ready for practice no later than 3:45 p.m.

10. All athletes will be on time for practice, required meetings (such as work parties), and regattas.
11. **The Attendance Policy** – All students are expected to arrive on time and to meet all scheduled appointments. Please refer to the information document for full explanation of the following:
 - **Excused Absences:** These count as an absence but will not result in a cut.
 - **Unexcused Absences:** These count as an absence AND may result in a cut.
 - Weekday evening conflicts:
12. All athletes will be prepared for any type of practice; either on water or on land (see Section 3.2 of information packet for detailed list of expected apparel).
13. All athletes will wear required racing attire at regattas, as outlined in the information document.
14. All athletes will conduct themselves in a sportsmanlike manner and use appropriate language at all times.
15. Poor attitude, behavior, or excessive absences of any kind may result in suspension from practice.
 - Accumulation of 3 suspensions will almost in all cases result in expulsion from the team.
16. All athletes and parents understand that athlete selection, boat line-ups, and regatta participation is entirely at the discretion of the coaching staff.
17. By signing this contract you are indicating you read and abide by all rules in parent/athlete information packet.

*We have read the above and agree to abide by these guidelines for the duration
of the 2017/2018 season.*

___/___/___

Date

Athlete

Parent

Knox Crew - Payment Form

Participation on The Knox School Crew Team requires an additional fee. Please submit payment information below by no later than **October 1, 2017**.

Knox Student - \$1,030

Non-Knox Student – \$2,700 (Full-Season),

\$1,100 - Fall (only)

\$800 - Winter (only)

\$1,100 - Spring (only)

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Name _____ male _____ female _____

PAYMENT INFORMATION:

Total Amount: _____

Check (make check payable to THE KNOX SCHOOL)

Credit Card Mastercard Visa AMEX

Credit Card #: _____

Expiration Date: _____ CODE: _____

Signature: _____

Name on Credit Card: _____