



MASTERS CREW REGISTRATION FORM

Name: _____ Date: _____
Address: _____
City: _____ Zip: _____
Cell: _____ Work: _____ Birthdate: _____
Email: _____

Email is our primary means of communication. Please keep us informed of any changes in your email address by emailing northcascadescrewrow@gmail.com.

EMERGENCY INFORMATION

First Person to contact in an emergency:

Name: _____
Phone: _____ 2nd Phone: _____

Alternate person to contact in an emergency:

Name: _____
Phone: _____ 2nd Phone: _____

PARTICIPANT HEALTH INFORMATION – Please update this information as needed

Participant's Age: _____

Allergies: _____

Medications: _____

Medical Concerns and Conditions, Previous Injuries: _____

Limitations on Activities: _____

Comments: _____

Physician Name: _____ Phone: _____

Preferred Hospital: _____

Insurance Company: _____

Phone: _____ Group/Policy Number: _____

I recognize that any sports activity such as crew may involve certain dangers, including but not limited to the hazards of rowing, shell collision or upset, water immersion, lifting and carrying of shells and equipment, forces of nature, conditioning exercises and the actions of participants and other persons. I understand that North Cascades crew, the City of Lake Stevens, Snohomish County, the staff and all persons related directly or indirectly with the program assume no financial obligation or liability for any injury, illness or disability arising from my participation in the North Cascades Crew rowing program. In the case of an accident or illness if I am not able to give consent for medical care; I hereby give permission to receive emergency medical treatment.

Signature of Participant: _____ Date: _____

Printed Name: _____

NCC Waiver & Publicity Permit



PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge that this rowing program is voluntary and involves risk of personal injury or death. By signing this release I understand that I will forfeit any right to claim damages from North Cascades Crew (or NCC), the City of Lake Stevens, Snohomish County, or their officers and employees, for personal injuries or death or property damages related to participation in this rowing program.

RELEASE AND INDEMNIFICATION AGREEMENT

I assume all responsibility for any and all risk of damage or injury that may occur to me or my property while rowing or sculling under the direction of North Cascades Crew, including boats and boat trailers owned by North Cascades Crew. In consideration of permission to participate in the programs of North Cascades Crew, I agree that NCC, the City of Lake Stevens and Snohomish County, their officers and members, employees and staff, and all persons related directly and indirectly, shall not be liable for any damages arising from personal injuries or property damage in, on, or about NCC's/Lake Stevens/Snohomish County facilities; or as a part of its programs; or as a result of the NCC's equipment on or off the premises; or as a result of any kind of negligence of NCC, the City of Lake Stevens or Snohomish County, their officers, members, employees, or of anyone else involved in the rowing program. I further agree to release and discharge and indemnify North Cascades Crew, City of Lake Stevens and Snohomish County, their officers, members, employees, staff and all persons related directly and indirectly and anyone else acting on its behalf from any and all claims, demands, rights of causes or actions, present or future, whether known, anticipated, or unanticipated, or litigation (including costs and attorney fees), including but not limited to claims of negligence resulting from or arising out of, or incident to the use (or intended use) of its premises, facilities or equipment or participation in its programs or as a result of, or incident to, any instructions that I may have received under the direction of NCC. I have read and understand the foregoing "Release and Indemnification" and sign with knowledge that I am giving up certain rights.

PUBLICITY PERMIT

I give my permission for my picture to appear in any publication for the purpose of telling of activities happening in North Cascades Crew. I understand that these publications might include city/school/crew information or promotional brochures, pictures, newspaper articles, website postings, and/or newsletters relating to any of the above activities.

I hereby give my permission I hereby do not give my permission

MEDICAL INSURANCE WAIVER

I have no insurance and accept full financial responsibility

I have insurance. Insurance Company _____

I certify that my responses above are valid and accurate.

Signature of Participant _____ Date _____

Printed Name _____



NORTH CASCADES CREW FLOAT TEST

Please print rower's name: _____

Rowing Swim / Float Test (wearing t-shirt and shorts):

- Tread water for 10 minutes
- Float for 2 minutes
- Put on a Personal Floatation Device while in the water

This certifies that the applicant named above has satisfactorily completed the North Cascades Crew Float Test.

Signature of Examiner: _____ Date: _____

Print Examiner's Name: _____

Title: _____

Pool Location: _____

- This form is required of all North Cascades Crew Masters, Junior and Learn to Row members.
- You will not be allowed on the water unless it has been completed and on file.
- The Examiner must be a certified lifeguard

Here are some locations that you can get the float test performed. Please call them for information.

Lake Stevens High School Pool
2908 113th Ave NE, Building 700
Lake Stevens, WA 98258
425-335-1526

Snohomish Aquatic Center
516 Maple Ave.
Snohomish, WA 98290
360-568-8030

*****THIS TEST IS TAKEN IN SHORTS & T-SHIRT, SO BRING A CHANGE OF CLOTHES!*****