

DELTA SCULLING CENTER

Where EveryBODY Sculls

RIVERPOINT LANDING MARINA, 4950 BUCKLEY COVE WAY, STOCKTON, CA, 95219



Fall 2018 – Junior 1-day Learn-to-Row

ATHLETE INFORMATION (Please print)

Youth Last Name: _____ Youth First Name: _____

Youth Preferred Name: _____

Mailing Address: _____ City _____ Zip Code _____

Home Phone _____ Cell phone _____ Email address _____

School Attending in Fall: _____ Grade in Fall: _____ Date of Birth _____ Age _____

To help us correctly fit athlete's boat: Approximate Height: _____ Approximate Weight: _____

I am signing up my sculler for the 1-day learn-to-row on September 3.

To hold this spot for your child, please send a check for \$20 or cash prior to September 3rd. Check should be made out to Delta Sculling Center, 4950 Buckley Cove Way, Stockton, CA 95219 (Attention: Coach Jane). Participation is limited so young persons will be served on a first-come, first-served basis. If there is need for financial support and/or transportation, please email Jane Turner at jturner@deltasculling.org.

Athlete's Swimming Abilities

I certify that my sculler can:

- | | | |
|---|-------|------|
| 1. Swim one length of the pool without help, any stroke | • yes | • no |
| 2. Tread water for 5 minutes | • yes | • no |
| 3. Swim under water without fear | • yes | • no |

OR

- **No, my sculler does not have those abilities. I and my sculler understand that he or she must wear a life vest (supplied by DSC) on the water at all times.**

Specific Medical, Behavioral or Developmental Needs

Is there anything about your child's health that we should be aware of? _____

Does your child have any allergies? Please describe any allergies and treatments: _____

Does your child take any medications? Please list any medications and doses taken. _____

Does your child require any dietary modifications? _____

As the Parent/Legal Guardian, do you feel your child is healthy enough to participate in sculling, which is a very physically demanding sport? • yes • no

Do you have any information to share about your child's behavioral or developmental needs which would require us to modify the learning environment? • yes • no

If yes, please specify: _____

Does your child have any previous sports experience? • yes • no

If yes, please specify: _____

PARENT/GUARDIAN INFORMATION (Please print)

Name of Parent/Guardian: _____ Relationship: _____

Home Address (if different from child): _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Emergency Contact if person named above is not available? _____

Home Phone: _____ Cell Phone: _____

To be completed by parent or guardian:

The sport of rowing poses significant risks to the participant because most activities occur in, on, or around water. These risks include, but are not limited to, expected and unexpected immersion into swift and/or cold water as a result of a boat flipping, collisions with other boats, being unintentionally removed from a boat as a result of an oar's momentum ("crabbing"), falling off of a dock, authorized and unauthorized swimming, changing weather conditions or other occurrences.

I hereby grant permission for the above-named athlete to participate in all rowing activities, both on land and on water, conducted by Delta Sculling Center beginning Feb 17, 2018 through June 1, 2018.

Parent or Guardian Signature _____ Date _____

Publicity Release Form

Delta Sculling Center has permission to use any and all photographs and video taken of me and my family and to include our name(s) in materials that promote the programs, services, and events of Delta Sculling Center without payment or notification.

I understand that all prints, video, and negatives become sole property of Delta Sculling Center and may be used by Delta Sculling Center without payment or notification. I understand usage may include broadcast, print, or online news coverage, including social media.

I consent

I do not consent

Signature:

Date: