



SAINT IGNATIUS CHICAGO ROWING

2020 Summer Rowing Camp Registration Packet

Thank you for your interest in our summer rowing camps. No prior experience in rowing is required!

Please provide the following registration materials in order to participate in the camp:

- The four forms contained in this packet
 1. Registration Form, including your first and second choices for camp sessions and your desired t-shirt size, (pages 2 & 3)
 2. Emergency Information and Medical Treatment Form, (pages 4 - 7)
 3. SICR Waiver Form, (page 8)
 4. Swimming Proficiency Form (note: no physical exam form is needed to attend summer camp). (page 9)
- A copy of the front and back of your insurance card
- A cheque for \$175 for one week of camp payable to Saint Ignatius Chicago Rowing. (Write a second cheque for \$150 if your child is interested in a second week of camp, and a third check for \$125 if your child is interested in a third week of camp. Please do not write a single check for multiple weeks of camp).

Send the above materials (incomplete registration materials will not be accepted) to:

Brad Keith
331 W. Goethe
Chicago, IL 60610
SICR.registrar@gmail.com
312-952-2723

To maximize each camper's experience, the maximum registration/week is capped at 20 campers. A courtesy e-mail acknowledging receipt of your registration materials will be sent to you. An e-mail confirming that your materials have been reviewed and a spot has been reserved at camp for your child(ren) will be sent to you within three weeks of receipt of your materials. Anyone who will be entering Grades 7 — 11 in Fall 2020 and is interested in the sport is welcome. No walk-in registrations on the first day of camp are allowed.

If you have any questions about the camps or the sport, you can also contact Head Coach Bryan Cheung at bryan.cheung@ignatius.org. Go Wolfpack!



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Camper Info

Camper Last Name _____
Camper First Name _____
Gender Boy or Girl (circle one)
Home Address _____
City, State, zip code _____
Camper mobile phone _____
Camper email _____
Date Of birth (mm/dd/yyyy) _____

T-Shirt

Adult T-SHIRT size (check one)

X-small _____
small _____
medium _____
large _____
x-large _____

Misc. Info.

Grade in fall 2020 10th grade, 9th grade, 8th grade, 7th grade (circle one)

Name Of school _____
(if entering 9th grade, please also indicate the grammar school attended)

ROWING experience None or some (circle one)

If some, please specify _____

Medical conditions _____

Please provide detail on Emergency Information and Medical Treatment Form



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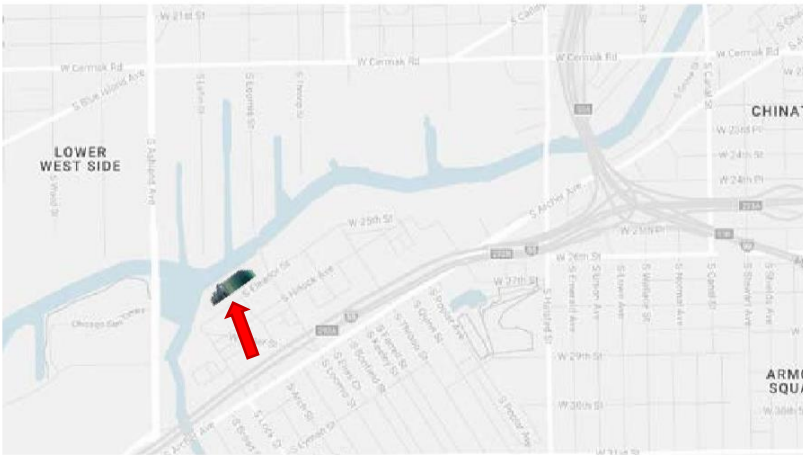
My child is interested in the following sessions:

Session 1 : July 06 —10 1st choice___ 2nd choice___ 3rd choice___

Session 2 : July 13 —17 1st choice___ 2nd choice___ 3rd choice___

Session 3 : July 20 —24 1st choice___ 2nd choice___ 3rd choice___

Camp is held from 2:00PM—4:30PM, rain or shine,
at the Park 571 Boathouse, 2828 S Eleanor St, Chicago, IL 60608.



Name of parent/guardian _____

Parent/guardian Phone _____

Parent/guardian Email _____

Parent/guardian signature _____



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Athlete information:

Camper Last Name _____
Camper First Name _____
Gender Boy or Girl (circle one)
Home Address _____
City, State, zip code _____
Camper Mobile phone _____
Camper Email _____
Camper Date Of birth (mm/dd/yyyy) _____

Parent 1 information

Parent 1 Last Name _____
Parent 1 First Name _____
Address _____
City state zip code _____
Home phone _____
Email _____
Mobile phone _____
Work phone _____

Parent 2 information

Parent 2 Last Name _____
Parent 2 First Name _____
Address _____
City state zip code _____
Home phone _____
Email _____
Mobile phone _____
Work phone _____



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Alternate (Non-Parent) CONTACT information

Due to the inherent nature of rowing on the Chicago river, in case of an emergency, SICR will attempt to contact a parent using the information provided above. In the event SICR is unable to reach a parent, SICR will attempt to contact one of the two alternate contacts designated below.

Alternate (Non-Parent) CONTACT 1 name _____

Home phone _____

Mobile phone _____

Work phone _____

Alternate (Non-Parent) CONTACT 2 name _____

Home phone _____

Mobile phone _____

Work phone _____



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Medical information

Athlete's doctor _____

Doctor's phone _____

IS the athlete allergic to anything? Y or N (circle one)

If yes, please list allergies. _____

IS the athlete taking any medication We should be aware of? Y or N (circle one)

If yes, please specify. _____

Does the athlete have asthma? Y or N (circle one)

Does the athlete have any mobility/medical/mental health concerns? Y or N (circle one)

If yes, please detail. _____

Insurance information

Insurance company _____

Insured _____

Employer (If applicable) _____

Policy number group number _____

Policy number _____

Please attach a photocopy of both sides of current insurance card.

Front of
Insurance Card

Back of
Insurance Card



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Emergency Information and Medical Treatment Form

**Parent/guardian Consent to Medical Treatment /
Consent to Disclosure of Protected Health Information**

In the event of an emergency, I authorize Saint Ignatius Chicago Rowing to facilitate the provision of emergency and other appropriate medical treatment of any injury or illness my child (Indicated as Rower below) may sustain and I hereby give permission to qualified medical personnel to provide such treatment to my child as they deem necessary or appropriate including without limitation hospitalization, medical tests, injections, the provision of anesthesia and surgery. I also agree that any of my emergency contacts listed on this form may be notified in an emergency, as needed. I hereby hold harmless Saint Ignatius Chicago Rowing from any losses or liability arising out of Saint Ignatius Chicago Rowing's facilitation of the provision of medical treatment.

I hereby authorize Saint Ignatius Chicago Rowing to release and or obtain information regarding my child's protected health information and any related information relating to any injury or illness while my child is a Saint Ignatius Chicago Rowing athlete. This protected health information may be released by Saint Ignatius Chicago Rowing to health care providers, hospitals, medical clinics, laboratories, coaches, insurance companies and school administrators. To the extent my child's health information may be deemed protected by federal regulations under the Health Insurance Portability and Accountability Act (HIPPA), by signing below, I authorize disclosure of such information under HIPPA.

Rower/Child's Name _____

Parent/guardian signature _____

Parent/guardian name _____

Date (mm/dd/yyyy) _____



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IN CONSIDERATION of being given the opportunity to participate in SAINT IGNATIUS CHICAGO ROWING (“Club”) activities including but not limited to any regatta, scrimmage, practice or event (“Activities” or “Activity”), during the period running July 1, 2020 through October 31, 2020, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activities.
2. FULLY UNDERSTAND that: (a) THE 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 Releasees 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 the Club 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 Club, 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 Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnify agreement, I, or anyone in my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY AND 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.

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 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: _____

Signature: _____

Date: _____

PARENTAL CONSENT (if the Participant is under the age of 18)

AND I, the minor’s parent and/or legal guardian, understand the nature of the Activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such Activities. I hereby acknowledge and agree to each of items 1 through 4 above on my own behalf, and on behalf of Participant, and 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 Activities, 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 Releasees, 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.

Printed Name of Parent/Guardian: _____

Date: _____

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



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SWIMMING PROFICIENCY CERTIFICATION

This form is only required for rowers **NEW** to the SICR program and **must be submitted in order for the new rower to participate in on the water practices and competitions.**

Rower/coxswain: _____

Location of test: _____

I have witnessed the above-named individual successfully perform the following swimming test:

1. Keep himself/herself afloat in water for five minutes in a competent manner
2. Swim 100 yards unaided in a competent manner

I also declare that I am a certified lifeguard/swim instructor as of the date the swimming test was completed and can provide such documentation if called upon to do so.

Certifier's Name (please print)

Signature

Date

Parent/Guardian's Name

Signature

Date

**** This test can be administered by any facility with a certified lifeguard/swim instructor, i.e. YMCA, Lifetime Fitness, local pool, etc.**