

# UMass Lowell Youth Rowing Programs



PRIMARY LOGO MARK

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_ Middle School Learn to Row 1 – May 17<sup>th</sup> - \$350

\_\_\_ Middle School Learn to Row 2 – June 21<sup>st</sup> - \$350

\_\_\_ Junior A (U 19) – (June 19<sup>th</sup> – August 8<sup>th</sup>) - \$650

\_\_\_ Junior B (U 16) – (June 19<sup>th</sup> – August 8<sup>th</sup>) - \$650

\_\_\_ Riverhawk Overnight Rowing Camp (July 19<sup>th</sup> – 23<sup>rd</sup>) - \$600

\_\_\_ Competitive Collegiate Racing – (June 21 – August 8) - \$600

I understand that participating in a Campus Recreation program is purely voluntary and that neither the Department of Athletics nor the University of Massachusetts Lowell assumes the responsibility for any injury sustained through my participation. I am aware of the risks inherent in participation in this type of physical activity and agree that it is my responsibility to determine whether or not I am physically fit to participate in this program.

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

**I DO NOT** give UMass Lowell permission to use my picture in any marketing materials.

(Please Initial) \_\_\_\_\_

Parents Signature if Under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to:  
UMass Lowell Campus Recreation  
100 Pawtucket St.  
Lowell, MA 01854



## Youth Rowing Programs Important Information Form

### Rower Information

Name: \_\_\_\_\_ D. O. B. \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade \_\_\_ Years Rowing \_\_\_

### Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_

### Medical Insurance Information

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone \_\_\_\_\_ Group Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

School: \_\_\_\_\_ Current Grade \_\_\_ Years Rowing \_\_\_

Please mail to:  
UMass Lowell Campus Recreation  
100 Pawtucket St.  
Lowell, MA 01854



**UMass Lowell Rowing Club**

**MEDICAL RELEASE AND TREATMENT CONSENT**

I hereby authorize any qualified emergency medical technician, first aid provider and/or physician and/or his/her consulting physicians, to administer emergency care to the below named student-rower, to render any treatment or medical care to the below named student-rower, to render any treatment or medical or surgical care that they deem necessary to protect his/her health and well-being, and to arrange for any consultation by medical specialists, including surgeons, which they deem necessary to insure the proper care and treatment of any injury.

I understand that the terms hereof apply to any injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation in the UMass Lowell Rowing Club including tryouts, practice, conditioning, meetings, games and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

Please take the time to read and circle the correct responses:

1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	<b>YES NO DON'T KNOW</b>
2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	<b>YES NO DON'T KNOW</b>
3. Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?	<b>YES NO DON'T KNOW</b>
4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	<b>YES NO DON'T KNOW</b>
5. Does the athlete have a history of a concussion (being knocked out)?	<b>YES NO DON'T KNOW</b>
6. Has the athlete ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	<b>YES NO DON'T KNOW</b>
7. Does the athlete have a chronic illness or see a doctor regularly for any particular reason?	<b>YES NO DON'T KNOW</b>
8. Does the athlete take any medication(s)?	<b>YES NO DON'T KNOW</b>
9. Is the athlete allergic to any medications or bee stings?	<b>YES NO DON'T KNOW</b>
10. Does the athlete have only one of any paired organs (eyes, kidneys, testicles, ovaries, etc.)?	<b>YES NO DON'T KNOW</b>
11. Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition?	<b>YES NO DON'T KNOW</b>
12. Has the athlete had surgery or been hospitalized in the past year?	<b>YES NO DON'T KNOW</b>
13. Has the athlete missed more than five consecutive days of participation in usual activities because of an illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	<b>YES NO DON'T KNOW</b>
14. Are you, the athlete, worried about any problem or condition at this time?	<b>YES NO DON'T KNOW</b>
15. Does the athlete have diabetes?	<b>YES NO DON'T KNOW</b>
16. Is there a family history of diabetes?	<b>YES NO DON'T KNOW</b>

\*Please give details on any "YES" answer from the above health history.

Rower \_\_\_\_\_

Print, sign, and date \_\_\_\_\_

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

Print, sign, and date \_\_\_\_\_