Required Forms

The following forms that are attached are to be completed once per calendar year for program participation. If your information changes during the calendar year, please submit updated form.

1. Media Reproduction and Distribution Release
2. Code of Conduct
3. Medical Authorization

Please ensure that your forms are delivered to a coach in a timely manner.
Media Reproduction & Distribution Release

In consideration for the opportunity to participate in Oak Ridge Rowing Association classes, programs and events, to be recorded through image, audio and textual media and for other valuable consideration, ______________________________, (Print Name) Hereby grant, assign and convey to Oak Ridge Rowing Association, Inc. (ORRA), all right, title, and interest I may have in and to the specified program, and in and to any reproduction of my image, voice or text made there from.

I authorize the unlimited use and distributions of reproductions of my image, voice or text by ORRA as well as any copyrights or renewals of copyright including biographical materials to publicize such use. I understand that such use may include publication, media reproduction, audio and/or video broadcast, Internet distribution/access and other uses as desired by ORRA. I waive any right to inspect or approve the media reproductions or use as well as any right to royalties or compensation arising from the use. I hereby release and discharge ORRA Rowing Association, Director and Board of ORRA, officers, employees, and volunteers of the club from and against any and all liability arising out of or connected in any way with the use of reproductions of my image, voice or text even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentioned above.

[ ] I have read this entire Release Agreement.

[ ] I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

Athlete Signature ________________________________ Date ________________

Parent/Legal Guardian Signature __________________________ Date ________________
Code of Conduct

1. The Oak Ridge Rowing Association operates on the philosophy that all rowers and coxswains have the right to learn and participate in the sport of rowing. To do so, each athlete needs a climate that is satisfying and productive and is not filled with disruptive behavior by other athletes. This document presents guidelines for maintaining such an atmosphere during practices, regattas, and other club sponsored events.

2. All varsity rowers intending to represent Atomic and use ORRA equipment at regattas must be paid members in good standing with the Association. Novice athletes are exempt from ORRA membership but must have all paperwork and fees for Atomic programming properly filed. All rowers intending to enter USRowing sanctioned events must meet USRowing standards of eligibility.

3. Members or athletes failing to observe the rules and guidelines shall be subject to disciplinary action.

4. Unsportsmanlike conduct, conduct detrimental to the reputation of the Association, abuse or irresponsible use of equipment, disrespect or disregard of other rowers, or obscene or belligerent language toward other rowers, rowing officials, or Association members, will not be tolerated.

5. Rowers and coxswains will act in a mature and responsible manner and treat each other, coaches, parents, competitors, and chaperons with respect. An athlete with a negative impact on the team will not be allowed to continue attending team functions. This includes but is not limited to; physical harassment, sexual harassment, bullying, emotional harassment, promiscuous behavior, disobedience of authority, disruptive conduct, and profanity.

6. Junior members under the age of 18 are not allowed in the Boathouse without adult supervision. Juniors arriving early should wait outside or under breezeway until a designated coach or parent is on site.

7. No controlled substances or weapons will be allowed at practice or rowing related functions. Additionally, juniors are not allowed to have tobacco or alcohol at rowing related functions. Food or drinks brought on trips can be confiscated or removed at the discretion of a coach or chaperone. All bags are subject to inspection.
Code of Conduct

8. Theft of private property will not be tolerated.

9. Destruction or vandalism of ORRA Boathouse property as well as unauthorized access will not be tolerated and may be prosecuted to the full extent of the law.

10. Riding bicycles, skating, running, and other horseplay is not permitted in the boathouse or around ORRA equipment at any time.

11. The Coach's office is for conversations with the coach and not to be used as a lounge.

12. Curfew will be set by the Coach and enforced by the chaperons on away trips. No one is allowed out after curfew.

13. Failure to wear official uniform to regattas will result in suspension from that event.

14. Public displays of affection will be kept to a minimum and in good taste.

15. While at away regattas, juniors are not permitted in a hotel room other than the one assigned to them unless a coach is conducting a team meeting.

16. No rower is allowed to drive to, from, or during any away regatta.

17. The basic rules of rowing safety must be followed at all times. Rowers and coaches will be attentive to, and obey the safety rules and guidelines provided by USRA and posted in the ORRA boathouse. Site and season specific rules may also be posted.

18. Every rower must pass a swim test.

19. Management, administrative activities, and disciplinary measures not specifically addressed in these guidelines are the full responsibility of the coaches.
Code of Conduct

20. Failure to abide by the rules expressly written here, or given verbally by a Coach or Chaperone, may result in removal from the line-up, immediate suspension from events or dismissal from the Atomic Junior Rowing Program. The Coach in consultation with all parties involved will determine all penalties for violations. Individuals will be held responsible for any damage to any equipment, rooms, buses, and etc. as well as guardians being responsible for damages caused by actions. Guardians may also be required to retrieve a suspended or dismissed athlete from a trip at their own expense.

Athlete Name ____________________________________________

Athlete Signature _________________________________________

Parent/Legal Guardian Name _________________________________ Date ________________

Parent/Legal Guardian Signature ______________________________ Date ________________
Medical Authorization and Insurance Form

In recognizing 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. We understand that Atomic Rowing, the Oak Ridge Rowing Association (ORRA), Oak Ridge, Tennessee, 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 a minor’s participation in the ORRA rowing program. In the case of an accident or illness in which the above minor is not able to give consent for medical care, I (the Parent or Legal Guardian) hereby give permission for the above minor to be given emergency medical treatment, to receive or take any over the counter medication as needed under the supervision of a coach or chaperons. In the event an athlete is required to take prescription medication while present at a team activity, a written notice is to be provided to the head coach explaining the use and frequency of use of the medication. I do delegate the Atomic Rowing Coaches and chaperones the appropriate legal authority to act in “loco parentis” while my child is participating in an organized Atomic Rowing event. Specifically, I hereby allow drugs and surgery, recommended by competent and legal licensed medical personnel in any situation in which it is deemed necessary. I understand that I will be responsible for the payment of any and all bills resulting from such treatment.

Name: ____________________________________________
Address: ____________________________________________
City: __________________________State:_________ Zip:______________
Date of Birth: ______________________ Age:___________ Home Phone: ________________
Emergency Phone Numbers: Mother______________________ Father___________________
Family Physician: _________________________________ Phone: _______________________
Insurance Company: ____________________________ Policy #: ________________________
Name of Insured: _________________________________________
Current Medications: __________________________________________
Allergies: __________________________________________
Allergies to Medications: ___________________________________

MEDICAL CONCERNS:

LIMITATIONS ON ACTIVITIES:
Medical Authorization and Insurance Form (Continued)

Please explain “YES” answers on back of page.

1. Have you ever been hospitalized? YES [ ] NO [ ]
2. Have you ever had surgery? YES [ ] NO [ ]
3. Do you have any chronic or ongoing illness? YES [ ] NO [ ]
4. Have you ever passed out during exercise? YES [ ] NO [ ]
5. Have you ever been dizzy or had chest pain during or after exercise? YES [ ] NO [ ]
6. Do you tire more quickly than your friends during exercise? YES [ ] NO [ ]
7. Have you ever had high blood pressure? YES [ ] NO [ ]
8. Have you ever been told you have a heart murmur? YES [ ] NO [ ]
9. Has anyone in your family died/had heart problems or sudden death before age 50? YES [ ] NO [ ]
10. Have you ever had a head injury or been knocked unconscious? YES [ ] NO [ ]
11. Have you ever had a seizure? YES [ ] NO [ ]
12. Have you ever had heat or muscle cramps? YES [ ] NO [ ]
13. Have you ever been dizzy or passed out in the heat? YES [ ] NO [ ]
14. Do you have trouble breathing or do you cough during or after activities? YES [ ] NO [ ]
15. Have you ever had a chronic cough or recurrent bronchitis? YES [ ] NO [ ]
16. In the past have had or do you have now or asthma? YES [ ] NO [ ]
17. Have you ever had a bone or joint disorder, trick joint or arthritis? YES [ ] NO [ ]
18. Do you use any special equipment? YES [ ] NO [ ]
19. Have you had any problems with you eyes, your vision? YES [ ] NO [ ]
20. Do you wear glasses or contacts or protective eyewear? YES [ ] NO [ ]
21. Have you ever had any other medical problem mononucleosis, diabetes, etc)? YES [ ] NO [ ]
22. Any medical/physical conditions the coach should know about? YES [ ] NO [ ]
23. Do you have a special need comprehending oral instruction? YES [ ] NO [ ]
24. Date of Last Tetanus Shot:
25. Date of last Measles Shot:

Parent/Legal Guardian Name: ________________________________ Relationship: ___________________

Parent/Legal Guardian Signature: ________________________________ Date: ______________