



**Middle School Program  
6<sup>th</sup>-8<sup>th</sup> GRADE ROWING  
2011 Fall Registration Packet**

\*Registration Form .....Page 2  
\*Medical Release.....Page 3-4  
6<sup>th</sup>-8<sup>th</sup> Grade Rowing Tuition .....Page 5  
\*Credit Card Authorization Form.....Page 6  
\*MRC Team Policies.....Page 7

\*Indicates Sign and return to MRC



MIAMI ROWING CLUB

2011/2012 6<sup>TH</sup>-8<sup>TH</sup> GRADE ROWING  
REGISTRATION FORM

PARTICIPANTS NAME: \_\_\_\_\_

PROGRAM (please circle): MONDAY/WEDNESDAY (5:00-6:30 p.m.) TUESDAY/THURSDAY (5:00-6:30 p.m.)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE(S): HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ GENDER: \_\_\_\_\_

ROWER'S E-MAIL : \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ARE PARENTS MEMBERS OF MRC? \_\_\_\_\_ NAME OF SIBLING ROWER, IF APPLIES: \_\_\_\_\_

**PARENTS AND/OR LEGAL GUARDIANS (Circle party responsible for payments)**

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
(Indicate if same as above)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE(S): HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

FATHER'S E-MAIL: \_\_\_\_\_

Please note that email is our primary mode of contact with you. Please provide an email that you check regularly.

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_  
(Indicate if different from above)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE(S): HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

MOTHER'S E-MAIL: \_\_\_\_\_

Please note that email is our primary mode of contact with you. Please provide an email that you check regularly.



MIAMI ROWING CLUB

2011/2012 6<sup>TH</sup>-8<sup>TH</sup> GRADE ROWING MEDICAL RELEASE
ROWER EMERGENCY INFORMATION & EMERGENCY TREATMENT CONSENT FORM

I. ROWER Information

ROWER Name ) \_\_\_\_\_ Grade (Fall '10) \_\_\_\_\_

ROWER Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Informed Consent for Emergency Treatment: In the case of an emergency and if I can not be reached, I authorize the staff of MRC Recreation to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees. I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.

Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

II. Family Information

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

III. Health Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Employer Group # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Member # \_\_\_\_\_



Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best rowing experience for your child:

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List any or all medications which your child will bring with him/her to practice/regattas: *Medication Medical Condition To Be Given When/How:*

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**IV. Allergies:** List all known allergies  
*Medication allergies Describe reaction and management of the reaction:*

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*Food allergies or Dietary Restrictions*

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*Other allergies - include insect stings, hay fever, asthma, animal dander, etc.*

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**IMPORTANT! PLEASE READ AND SIGN BELOW**

Informed Consent for Emergency Treatment: In the case of an emergency and if I can not be reached, I authorize the staff of MRC Recreation to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees.

I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.  
Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**Fall 2011 6-8<sup>th</sup> GRADE ROWING TUITION**

Youth Program Tuition pays for coaching salaries, equipment maintenance, insurance, launch fuel, and spare parts. Tuition also includes applicable City of Miami Parks & Recreation fees and taxes.

The MRC Youth Program operates as part of a not-for-profit organization and can only operate through the generous support of each parent's time, talent, and treasure above and beyond the tuition and fees!

- All tuition payments are non-refundable. We accept payment by check or credit card.
- All rower-athletes must have a Credit Card Authorization Form on File regardless of the manner in which tuition is paid.
- Siblings receive a 10% discount on tuition fees.
- Rowers who are not current will not be able to participate. If you anticipate a problem, contact the MRC Office/Susie Prego to discuss options-do this with as much anticipated time as possible.
- Cost includes a 12% fee to the City of Miami

<b>2011/2012 TUITION SCHEDULE</b>		
<b>Fall Season: September 19- December 16 Spring Season: January 9 – April 6</b>	<b>AMOUNT</b>	<b>DATE DUE</b>
<b>Equipment Fund Donation (one time only)</b> Non-refundable	\$150.00	9/9/11 or 1/9/12
<b>Fall Season Tuition or Spring Season Tuition</b> 10% discount if you enroll for 4 day program (Mon-Thurs)	\$800.00 each – 4 days per week \$650 – 2 days per week	Fall-9/9/11 Spring-1/9/12
<b>Fall &amp; Spring Season Tuition-2 sessions</b>	\$1450.00	9/9/11
<b>Payment Plan Program</b> (only applies to tuition fees) You must provide a credit card on file to participate in payment plan program		
1 <sup>st</sup> Payment – Fall Season	\$400.00	9/9/11
2 <sup>nd</sup> Payment – Fall Season	\$400.00	11/1/11
3 <sup>rd</sup> Payment – Spring Season	\$325.00	1/3/12
4 <sup>th</sup> Payment – Spring Season	\$325.00	3/4/12



**MANDATORY CREDIT CARD AUTHORIZATION FORM  
6-8<sup>th</sup> GRADE ROWING PROGRAM**

All payments not made in advance for tuition and/or regatta fees will be charged to a credit card.

With parent permission, rowers may charge items such as MRC apparel to the card on file.

Rower's Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_  
**(Parent/guardian responsible for payment)**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is Parent a Member of MRC? \_\_\_\_\_ Are there sibling rowers? \_\_\_\_\_  
If yes, will you consider donating some of the discount to the scholarship fund? \_\_\_\_\_

Credit Card: (Check one) Amex \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorization Number: \_\_\_\_\_  
(4 numbers on front or 3 on the back)

E-mail address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

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

(Your signature indicates your authorization to charge your credit card for 6-8<sup>th</sup> grade rowing during the 2011/2012 season, unless you have paid tuition and/or regatta fees in full by check or credit card. Please refer to 6-8<sup>th</sup> Grade Rowing Tuition Matrix for details.)

**Submission of this form is required.** This information will be held in strict confidence.



**MRC TEAM POLICIES**

**MRC Rowers' Pledge**

- I pledge to conduct myself in a manner that will support and enhance the competitive and social environment of the Miami rowing team.
- I will respect at all times coaches, fellow team members, fans, rowing officials and members of other teams as well as the employees and guests of the hotels we visit during the racing season.
- I will resolve conflicts in a calm and civil manner and avoid violent behavior. I will not bully or put down anyone and I will not tolerate it being done in my presence.
- I will dress at all times in an adequate manner and will adhere to our dress code.
- I will rigorously follow the training program including timely attendance to practice, applying my maximum effort and attention and maintaining a positive winning attitude at all times.
- I promise to strictly follow safety practices and protect at all times the teams safety and the safety of the rowing equipment.
- I further pledge to abstain from consuming products that reduce and damage my physical wellbeing and my ability to train such as alcohol, tobacco and drugs.
- I promise my teammates one hundred percent of my ability and effort.
- I promise to exhibit good sportsmanship at all times, to follow the rules and I promise not to cheat nor tolerate cheating.
- I promise to participate in team activities and cooperate in assisting the coaches and the Club in the development of the program.
- Finally, I promise to row with all my heart and ability and strive to win.

I have read and understand the policies and procedures for being a member of the Miami Rowing Club Youth Team and agree to abide by them.

I understand that by not adhering to these policies I can be suspended and/or dismissed from the team.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date