



**MARIST COLLEGE CANBERRA
ROWING CLUB**



MCCRC

MCCRC

REGISTRATION FORM - SEASON 2017/18

Closing date for registrations - Tuesday 19 September 2017

ROWER'S DETAILS			
Family Name		First Name	
Date of Birth		School Yr 2017	
Address			
Home Phone		Rower's Mobile	
Rower's Email			

PARENT/GUARDIAN CONTACT INFORMATION				
	Contact 1		Contact 2	
Name				
Relationship				
Home Phone				
Parent's Mobile				
Address				
Parent's Email				

COMMITMENT TO ROWING

By completing and signing this form I am making a commitment to the Marist College Canberra Rowing Club (MCCRC), my coaches and my crew to attend all training sessions, regattas and meetings; and I acknowledge that MCCRC commitments will take priority over any other sporting obligations (Note: Mandatory commitments are detailed on the attached Season Calendar.) If I am prevented from meeting this commitment due to illness or other legitimate reason, I undertake to notify MCCRC immediately. I agree to observe the rules of rowing, and of MCCRC, and to cooperate with the coaches and appointed leaders throughout the season.

Rower

Parent/Guardian *

Signature

Signature

Print Name

Print Name

Date: _____

Date: _____

* Please see details over page of expected Parental Assistance

PARENT ASSISTANCE

As a Parent/Guardian I, _____, am happy to assist as follows: (please circle)

Assistance at ACT Champs held on 3-4 March 2018	YES	Assistance at SIRC for NSW SBHOR "all club" Tour 24-25 Feb 2018	YES
Coaching/Assisting/Tinny driver	YES/NO	Fitness/Training Supervision	YES/NO
Fund raising/finance	YES/NO	Safety	YES/NO
Assistance at regattas	YES/NO	Catering	YES/NO
Event Coordination	YES/NO	Administration / Committee	YES/NO
Sponsorship	YES/NO	Web/IT help	YES/NO

We depend on volunteer support and Parents are encouraged to help in any way they can. At least two events will require significant parental assistance (ACT Champs and SIRC all club tour) and all parents will be rostered on to help with these days. **Please note that as per ACT Government Legislation and Marist's Sports Policy, all volunteers will be required to complete the Working with Vulnerable People registration process. Application is free and assistance is available through the Club.**

REGISTRATION AND PAYMENT

The Registration fee for season 2017/18 for all Rowers is \$700 per boy.

Notes:

- Where boys in Years 6-8 (2017) nominate as a Coxswain / Rower, and the nomination is accepted by the Head Coach and Registrar, the fee will be reduced to \$550. It will be mandatory for boys registered as Coxswain / Rower to train and participate in regattas as coxswains when directed by coaches. Boys registered as Cox / Rower will row at training and regattas, but the amount of rowing will be less than boys registered as rowers only.
- Where boys in Years 6 (2017) nominate as Coxswains only and that nomination is accepted by the Head Coach and Registrar, the fee will be reduced to \$100. These boys will not train as often as other boys and will only get minimal opportunity to row at trainings and regattas during the 2017-18 season.
- For safety reasons boys in Year 5 (2017) will be restricted in numbers and only accepted by the Club dependent on availability of coaches and other registrations.
- For nominations for Coxswain / Rower or Coxswain, please contact the registrar at maristrowing@gmail.com prior to completing any payment.

Payment Methods Available		Fees are due by 19 September 2017
EFT (preferred method)		Account: Marist College Canberra Rowing Club Bank: Commonwealth Bank of Australia BSB: 062914; Account Number: 1074 5550 <i>Please include rower's name in the reference.</i>
Cheque		Payable to Marist College Canberra Rowing Club
Cash		Pay MCCRC Treasurer directly.
Full payment is due by 22 September 2017. The Club may accept a two stage payment arrangement on request - please contact the Treasurer. Boys will not be allowed to train or row until full payment is made or an arrangement is accepted by the Treasurer.		

Registration fees include membership of MCCRC and Canberra Rowing Club (CRC); use of MCCRC and CRC boats, and all associated equipment (e.g. tinnies and fuel); coaching provided by MCCRC and in some instances CRC; insurance; and competition ('seat') fees for ACT regattas only (number of entries per regatta to be determined by coaching staff).

Please note: All costs associated with interstate trips (e.g. transport, accommodation, seat fees, meals etc) will be additional. This includes the all club trip to SIRC in February 2018.

SAFETY INFORMATION

I can swim a minimum of 200 metres	Easily / With Difficulty / No
I have experience as a coxswain	Yes / No
I have rowed prior to joining MCCRC. (If yes, provide details)	Yes / No

PARTICIPANT MEDICAL INFORMATION

Medicare No:		Expiry date:	
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Does your child suffer from any of the following:

	Yes/No	Details
Asthma		
Other Respiratory condition		
Diabetes		
Allergies		
Epilepsy		
Bleeding Disorder		
Heart condition		
Sight/Hearing Impairment		
Joint/Muscular condition		
Phobia/Psychological condition		
Other		

Is your child currently taking any medication: Yes / No

If yes, please provide details: _____

Date of last Tetanus injection: _____

Is there anything else about your child's physical or emotional health that may impact on his ability to participate in rowing activities that MCCRC should be aware of? _____

CONSENT AND WAIVER

In consideration of Marist College Canberra Rowing Club (MCCRC) accepting the registration of the child named below (my child) to participate in rowing activities, I agree as follows:

1. MCCRC collects personal information and contact details for the purposes of club administration (registration, insurance, club management and general contact). MCCRC shares this information with Marist College Canberra, Canberra Rowing Club and Rowing ACT for registration, insurance and club management purposes. I consent to this collection and sharing of information.
2. I consent to my child's participation in rowing. I understand that rowing is mostly a water based sport and includes activities that involve a level of risk.
3. I agree that MCCRC is entitled to refuse to permit my child to participate in any rowing activity where it considers he is not fit to participate or where he is considered to be hazardous to himself or other participants.
4. I agree that Marist College Canberra and MCCRC (together "Marist"), their staff, leaders, coaches, members and participants will not be liable for any accident, injury or illness suffered or incurred by my child in the course of participating in rowing activities, or in travelling to or from those activities.
5. In the event of an accident or illness, when it is impracticable or impossible to communicate with me, I understand a person in charge may arrange such medical, surgical or other treatment for my child as is considered necessary, including transfer to a medical facility.
6. I consent to my child receiving such treatment as qualified staff at that medical facility consider necessary, and I agree I am liable for all associated costs (excluding costs covered by insurances).
7. I confirm that the medical information I have provided is complete and correct and that I will notify Marist if any changes occur.
8. I give permission for Marist to pass that information on to third parties (e.g. doctor, hospital) to facilitate treatment of my child.
9. I agree to reimburse the school for any hospital, medical or ambulance expenses incurred by Marist on behalf of my child.
10. I agree to my child's returning home if necessary in the event of illness, injury or non-cooperation, and agree to pay any expenses involved or to come and collect my child from the regatta/venue.
11. I agree I am responsible for the replacement or repair cost (at Marist's sole discretion) of any equipment lost or damaged by my child.
12. I agree to my child being photographed and/or visual images of my child being taken during MCCRC activities and for those photographs or images to be used in Marist publications (including Marist websites) to develop, promote and support the conduct of rowing at Marist College Canberra.

Name of Child: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Received		Entered	
Registration Type		HC / R Approved	YES / NO
Payment Method	Amount	\$	Date ___/___/___

Form to be returned with complete payment details as a signed PDF to maristrowing@gmail.com or as a hard copy to the MCCRC Registrar via Marist College Canberra Business Office.