



Junior Learn to Row and Development Camp

FOR YOUTH AGES 12-18

Please include each of the following for your registration to be complete and drop it off or mail it to the address below and include the following:

Registration form

Risk and Release form

Payment (make checks payable to "WSU Men's Crew")

Travel to or from activity sites for this program are the responsibility of the participant. University Recreation and Washington State University are not responsible for any participant travel for this program.

A mandatory swim test must be completed at the WSU Student Recreation Center before your first session. The tests will be on Tuesday, May 20 or Wednesday, May 21 starting at 6:30 and 7:00pm. Tests will also be offered on Thursday, June 12 or Friday, June 13 starting at 6:30 and 7:00pm. The test will involve swimming two laps and 10 minutes of treading water. Please check the box next to your preferred session(s).

Junior Learn To Row \$150
June 14 – July 5
 Tuesday and Thursday 5:45 – 7:45 PM
 Saturday 9:15 – 11:15 AM

Junior Development Camp \$200
July 8-August 16
 Tuesday and Thursday 5:45 – 7:45 PM
 Saturday 9:15 – 11:15 AM

TO BE ELIGIBLE PARTICIPANTS MUST BE 12 YEARS OLD AT THE TIME OF THEIR SWIM TEST

Personal Information		Emergency Contact	
Participant Name:		Contact's Name:	
Participant Birth Date: MM/DD/YYYY		Phone Number:	
Email:		Daytime:	
Address: Street:			
City/State/Zip:		University Recreation SRC 250 WSU Men's Crew (Palouse Rowing) PO BOX 641830 Pullman, WA 99164-1830	
Phone Number:			
Daytime			
Evening			

For Office Use Only	Date:	Amount:	Invoice #:	
	Form of Payment:	Cash	Check	Credit
For Main Office Use	Entered into Database:		Initials:	



Junior Learn to Row and Development Camp

WASHINGTON STATE UNIVERSITY
UNIVERSITY RECREATION INSTRUCTION PROGRAM
ASSUMPTION OF RISK AND RELEASE OF LIABILITY

ASSUMPTION OF RISK

I understand that there are risks in participating in recreational activities and educational workshops of the Junior Learn to Row and Development Camp at Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the Junior Learn to Row and Development Camp (including participating in activities in or connected with the Recreation Center), include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the Junior Learn to Row and Development Camp activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS ____ DAY of _____, 200__.

Name of Parent or Guardian (Printed)

Signature

Name of Minor (Printed): _____

Witness's Name (Printed)

Witness's Signature

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, either through university offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of University Recreation programs, services, facilities and equipment. **If you have any questions regarding the language or details of this document prior to signing, please contact Joanne Greene at 509-335-8732, SRC Room 250, WSU.**