

Want to row this fall?

The G-Row Boston team is looking for new members.

G-ROW BOSTON provides girls with a once-in-a-lifetime opportunity: to learn to row and compete on the Charles River. The girls practice three to four days per week throughout the school year to develop new skills, including on-water rowing and racing, weight and erg training, boat maintenance, swimming, and leadership skills development. The program also provides mentors, an academic support program, and college advising through a partnership with The Bottom Line. To date, nearly all of our graduates have gone on to college.

Come try out rowing and learn more about G-Row Boston and make new friends.

Where and when to Meet –

- **Boston Latin Academy:** Monday the 21st, in the Elbert St. parking lot
- **Madison Park:** Wednesday the 23rd, meet in the parking lot behind the school (by the music building). If you're not sure where that is, come to Cardinal Hall, and someone will meet you there and bring you to the van.
- **O'Bryant:** Wednesday the 23rd and Friday the 25, Meet in the back parking lot that is between the school and the music building.
- **Southie:** Friday the 25th, Look for the van on Thomas Park road (Take a right out of the school gates)
- **Charlestown:** Friday, the 25th, Meet in front of the school.

Look for a blue, gold, or white van, and somebody wearing a blue G-ROW Tshirt.

Please fill out and bring the signed waiver form on the next two pages.

G-ROW BOSTON
INFORMATION SHEET
PARENT/GUARDIAN PERMISSION & MEDICAL AUTHORIZATION
MUST BE FILED OUT, SIGNED AND TURNED IN ORDER TO PARTICIPATE

My daughter has my permission and support to participate in G-ROW Boston. I understand that G-ROW Boston is a rowing program that will meet after school on Monday, Tuesday, Wednesday, Thursday and Friday during the school year. G-ROW Boston practices may include one or more of the following activities: rowing on the Charles River, indoor training, supervised study hall and tutoring, and a swim test. G-ROW Boston staff will accompany the girls at all times.

STUDENT INFORMATION:

Student Name: _____
 Street Address/Apt. #: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone #: _____ Cell Phone #: _____
 Student E-mail: _____ Parent E-mail: _____
 School: _____ Grade: _____ Date of Birth: _____ Ethnicity: _____ (optional)

PARENT/GUARDIAN INFORMATION:

PARENT 1

Name: _____ Relationship: _____
 Work # _____ Cell # _____

Parent 2

Name: _____ Relationship: _____
 Work # _____ Cell # _____
 Address (if different) _____

EMERGENCY CONTACT:

Name(s): _____ Relationship: _____
 Phone #: _____ Cell or Work: _____

Health Information:

Physician: _____ Office Location _____
 Phone: _____ Address: _____
 Health Insurance Company: _____ Medical Policy #: _____

Asthma	No _____	Yes _____	Inhaler: Yes _____	No _____
Diabetes	No _____	Yes _____	Type: _____	Insulin: Yes _____ No _____
History of seizure	No _____	Yes _____	Type/Reason: _____	
Allergies	No _____	Yes _____	Type: _____	Medication: _____
Other medical concerns:	_____			

Please complete both sides

G-ROW BOSTON CONSENT FORM

GRADE RELEASE:

I give my daughter's school permission to release her grades and other academic information to G-ROW BOSTON for each marking period she is involved in the program.

PHOTO RELEASE:

I give G-ROW BOSTON permission to use my daughter's photo and statement, about the program in materials that promote G-ROW BOSTON. These may include brochures, newspapers, the Internet, radio magazines, or television.

G-ROW BOSTON PROGRAM EVALUATION:

Every year G-ROW BOSTON runs internal program evaluations. This includes, but is not limited to, tracking grades, testing fitness levels, beginning and end of the year questionnaires, and other measures used to study the program's impact on its participants. The program evaluation is not a test; it is a way to help us improve G-ROW BOSTON to better fit the girls' needs. All personal information is kept confidential. I agree to allow my daughter to participate in any and all program evaluation activities.

EMERGENCY MEDICAL AUTHORIZATION:

We would like you the Parent/Guardian to be aware that rowing does present risks and if a situation arises we would not hesitate to seek emergency care. We ask you to sign this section so that if by chance you cannot be reached in an emergency, your child may receive medical treatment as soon as possible.

I hereby authorize and consent to the administration of any and all medical, dental and surgical examinations or operations and treatment or all other related care, including the administration of tests, drugs, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a Physician, Dentist and/or any Emergency Medical professional in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

LIABILITY WAIVER:

I understand that G-ROW BOSTON (a program of *Community Rowing, Inc.*), G-ROW BOSTON staff, and the participating rowing facilities shall not be liable for my child's accident or illness or any claims, demands, injuries, or damages to the student noted above (1) resulting from her participation in the G-ROW BOSTON or (2) in connection with the student's use of the rowing facility, equipment, or premise where these practices and competitions take place. If I, or anyone on my child's behalf makes a claim against G-ROW BOSTON, G-ROW BOSTON staff and/or volunteers, or the participating rowing facilities arising from my child's participation in any G-ROW BOSTON, Row As One or Community Rowing, Inc. program premises where these practices and competitions take place, I agree to indemnify and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage or costs they may incur due to the claim made against them, whether the claim is based on negligence or otherwise.

I sign this agreement on my child's behalf, my behalf and on behalf of my personal representatives, assigns, and heirs and next-of-kin. I hereby give my permission for emergency treatment for my child and assume financial responsibility for such treatment.

Student Name: _____

Legal parent/Guardian Signature: _____

Legal parent/Guardian Printed Name: _____ **Date:** _____