



SACRAMENTO STATE
AQUATIC CENTER
A PROGRAM OF ASSOCIATED STUDENTS, INC.



2019-2020 CAPITAL CREW

PERSONAL INFORMATION FORM

☐ Varsity Women ☐ Varsity Men ☐ Novice Women ☐ Novice Men

ATHLETE INFORMATION

Athlete's Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Birthdate: _____ Age: _____ Gender: _____ T-Shirt Size: _____

Athlete Cell Phone: _____ Athlete Email Address: _____

School: _____ Year in School: _____

PARENT/GUARDIAN INFORMATION

Parent #1 Last Name: _____ First Name: _____

Address: _____ same as athlete OR _____

Parent #1 Email Address: _____

Parent #1 Phones Cell: _____ Home: _____ Work: _____

Relationship to Athlete: _____
.....

Parent #2 Last Name: _____ First Name: _____

Address: _____ same as athlete OR _____

Parent #2 Email Address: _____

Parent #2 Phones Cell: _____ Home: _____ Work: _____

Relationship to Athlete: _____

OFFICE USE ONLY

ITEM	DATE	STAFF
Packet Complete		
Entered in Park Pro		
Checklist		
Parent Email List		
Paid		



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CAPITAL CREW

CODE OF CONDUCT

The following items apply to all Capital Crew Athletes during Capital Crew events, practices, races, functions, etc. Failure to comply with any of these guidelines may result in suspension or expulsion from Capital Crew.

- Respect the aquatic center facilities and keep it clean (*please pick up after yourself, i.e. water bottles, socks and misc. clothing. All items left will be put in lost and found. Lost & found will be cleaned out monthly and all items donated to Goodwill.*)
 - Be respectful to other teammates and opponents
 - Be respectful to all aquatic center patrons (*the Aquatic Center is a multi-use facility and may have many programs running at the same time, please be mindful of other patrons.*)
 - Represent your team with pride at all times
 - Consumption of alcohol is prohibited
 - Capital Crew & the Aquatic Center does not condone bullying and/or hazing.
 - Use of any illegal substances (drugs) will result in expulsion
 - No swearing or inappropriate gestures
 - Disrespect to the coaching or aquatic center staff will not be tolerated
 - Abide by all posted aquatic center signage
 - Mind all aquatic center staff and their instructions
 - Physical assault of any type is prohibited
 - Respect others personal property
 - Theft is prohibited
 - Weapons or firearms are not allowed
 - Follow the 15mph speed limit in AC parking lot and outer lot
 - “Horse play” in parking lot or in/on vehicles is prohibited
 - **Stop** at all posted stop signs
 - Abuse of equipment will not be tolerated
 - Report all broken equipment to coaching staff ASAP
 - No pets are allowed on the aquatic center grounds
 - Abide by all California State Parks Rules and Regulations
 - **Athletes only have use of the facility during scheduled practice times**
 - If witness to any other athletes in violation of these guidelines, please report it to a coach ASAP.
(Anonymously if desired)
- All Fees/Paper work must be turned in before athlete will be allowed to participate.

I _____ hereby understand the terms explained above and by signing this form I will abide by this code of conduct.

(Athlete)

Signature _____ Date _____

(Parent)

Signature _____ Date _____



Student-Athlete Social Media Agreement

Social media can be a useful tool to communicate with teammates, fans, friends, coaches, and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, tweet, status, or post that you or your friends put online is forever part of your digital footprint. You never know when it will come back to hurt or help your reputation during the recruiting process, a new job, or other important areas of your life.

Recognizing the above:

- _____ I take responsibility for my online profile, including posts and any photos, videos or other recordings posted by others in which I appear.
- _____ I will represent Capital Crew and Sacramento State Aquatic Center in a positive manner at all times and not degrade my opponents before, during, or after races or during the season.
- _____ I will post only positive things about my teammates, coaches, opponents and officials and not comment on injuries, rosters, or other confidential information.
- _____ I will use social media to purposefully promote abilities, team, community, and social values.
- _____ I will consider "Is this the me I want you to see?" before I post anything online.
- _____ I will ignore any negative comment about my team or me and will not retaliate. When appropriate I will inform my coaches.
- _____ If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain or a coach.
- _____ I am aware that I represent my sport, school, team, family, and community at all times, and will do so in a positive manner.

Student-Athlete Signature

Date



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location(s), Premises or Facility(ies): _____

In consideration for being allowed to participate in this Activities and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the Trustees of the California State University, California State University, Sacramento, and their employees, officers, directors, volunteers and agents (collectively "University") and the Associated Students Incorporated at Sacramento State and their employees, officers, directors, volunteers and agents (collectively "Auxiliary Organization"), State of California, through its department of Parks and Recreation, and their employees, officers, directors, volunteers and agents (collectively "California Department of Parks and Recreation"), and the United States Bureau of Reclamation, and their employees, officers, directors, volunteers and agents (collectively "United States Bureau of Reclamation") from any and all claims, **including claims of the University's or Auxiliary Organization's or the California Department of Parks and Recreation's or the United States Bureau of Reclamation's negligence** resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in the Activity. I am aware of the risks associated with traveling to, from and participating in the Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, negligence, conditions related to travel, or the condition of the Activity Location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to hold the University, Auxiliary Organization, the California Department of Parks and Recreation, and the United States Bureau of Reclamation harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University, the Auxiliary Organization, the California Department Parks and Recreation and the United States Bureau of Reclamation from all liability, (b) promising not to sue the University, the Auxiliary Organization, the California Department Parks and Recreation and the United States Bureau of Reclamation (c) and assuming all risks of participating in the Activity, including travel to/from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Name (Print): _____ Date: _____

Participant Signature: _____

*****If Participant is a minor under 18 years of age, a parent or guardian must fill out and sign pages 2-4.*****



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS
(Continued)

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University, the Auxiliary Organization, the California Department of Parks and Recreation and the United States Bureau of Reclamation from all liability on my and the Participant's behalf, (b) promising not to sue on my and the participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to/from an during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (Print)

Date

Minor Participant's Name (Print)

Minor Participant's Birthdate (MM/DD/YY)

MEDICAL CONSENT FORM

Dear Parent/Guardian

Your son/daughter is below the legal age of consent (18 years of age). The law requires that we have your permission to give medical service should the need arise. Your signature on the consent form will authorize us to proceed with the care of the lesser types of medical problems that may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below, your child will be taken to the nearest emergency room facility.

Name of Student: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Email: _____
Home Phone: _____ Other Phone: _____
Parent's Name: _____ Mobile Phone: _____
Parent's Name: _____ Mobile Phone: _____

**IN CASE OF AN EMERGENCY,
PERSONS TO CONTACT IF PARENTS OR GUARDIAN CAN NOT BE REACHED.**

Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____

Does your child have any severe medical problems that we should know about? (For example: asthma, allergies to drugs, heart trouble, epilepsy, diabetes, physical disability etc.?) Please specify.

Should there be any limits on his/her physical activity? If so, what are they?

Has your child had any serious illness in the last three years? If yes, please explain:

Continue on back



At the present time, is your child under a doctor's care? If yes, for what?

Is your child taking any medications or behavioral drugs at this time?

If yes, please explain:

Can we contact your doctor for medical reports? Yes No

Doctor: _____ Phone: _____ Hospital: _____

When was the last time your child had a complete physical examination?

Date: _____ Doctor: _____ Phone: _____

Medical Insurance Information

Name of the Insurance Company: _____

Phone Number: _____

Patient Record Number: _____

Policy Number: _____

Billing Info: _____

Please list any other information of importance.

I do hereby authorize the performance of medical examinations and necessary treatments (including test, x-rays, drugs, etc.) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my son or daughter participates in Associated Students Incorporated sponsored activities. If an emergency arises requiring a major surgical procedure, the camp director will attempt to reach me and to be guided by my wishes: but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Parent's/ Guardian's Signature: _____

Parents Email: _____

Date of Consent: _____

ASSOCIATED STUDENTS INC. PHOTOGRAPHIC, VISUAL, AUDIO, IMAGE RELEASE

This agreement is given in consideration of my own or my child's photograph, image and or audio of said personal likeness being taken and possibly published on Internet Websites, Broadcasts, and other publications as released to or by California State University, Sacramento, herein the University, Associated Students, Inc. at Sacramento State as well as by the Sacramento State Aquatic Center.

WARNING AND ASSUMPTION OF RISK:

I understand that there are inherent risks associated with publication of my own or my child's photograph, audio and image of personal likeness on the Internet, in videos and in publications. These risks may include but not be limited to identity theft and wrongful assumption by others of my or my child's identity or who I or my child is and or danger to myself or my child.

I agree to assume these risks, whether known or unknown to me of permitting publication of my own or my child's photograph, image of personal likeness and or personal audio on the internet, in publications or in videos.

GRANT OF PERMISSION TO TAKE PHOTOGRAPHS, IMAGES AND PERSONAL AUDIO:

I grant permission to the University, Associated Students, and Sacramento State Aquatic Center and their employees and agents to take and use photographs, and visual/audio images of myself or my child for any legal purpose. Visual/audio images include any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I grant this with the understanding that the University, Associated Students and Sacramento State Aquatic Center will not materially alter the original images. In accordance with this grant, I also waive my and my child's rights to inspect or approve finished images or electronic matter prior to publication and waive compensation for their use.

RELEASE:

On behalf of myself, my child and our heirs, I hereby waive, release and discharge any and all claims of damages for death, bodily injury, personal injury or property damage which I or my child may sustain, or which hereafter accrue to me or my child, against the Trustees of the California State University, California State University, Sacramento, Associated Students, Inc. and Sacramento State Aquatic Center as a result of my own or their own personal photograph(s), image of personal likeness or personal video/audio being published except for those liabilities, claims and costs arising from the sole active negligence of the above stated entities. This release is intended to discharge the University, its Trustees, Associated Students, Sacramento State Aquatic Center and their officers, employees, and volunteers, from and against any and all liability arising out of or connected in any way with publication of my own or my child's photograph(s), images of personal likeness, or personal video/audio, except for the related sole active negligence of these entities. It is further understood and agreed that this waiver, release and assumption of risk is entered upon behalf of my child and myself and shall be binding on my and their heirs and assigns.

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have been fully informed of the risks and dangers involved in photographic publication of my own or my child's photograph, images of my/their personal likeness and video/audio. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, Assumption of Risk and Release of Liability.

PARTICIPANT NAME (Print): _____

SIGNATURE (if 18 years old or older): _____ Date: _____

NAME OF PARENT LEGAL GUARDIAN: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ Date: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

(Parent or legal guardian must sign for all persons under the age of 18. Proof of age may be required.)



Welcome to Capital Crew! We are gearing up for the 2019-20 season and are very excited about what this year has in store. Our phenomenal coaching staff and world-class rowing venue add up to a very competitive junior rowing program—one that is increasingly recognized by top colleges across the United States.

A portion of your fees go to support the Capital Crew Boosters Club which funds several important aspects of our program; including purchasing boats and other necessary equipment, athlete food at both home and away regattas, and individual awards at the end of year banquet. As new boats are added to the fleet, existing varsity boats move down the line, making ALL athletes in the program faster out on the water. If your athlete is going out in a boat, using an oar, hearing a coxswain through a cox box, or working to improve their stroke on the ergs and RP3s in the erg loft, they are benefiting from Booster dues money. The success of our Capital Crew athletes depends upon our ability to keep equipment up-to-date.

Our Mission: The Capital Crew Boosters Club supports our athletes and coaches, promoting excellence in a competitive rowing program that emphasizes the values of teamwork, sportsmanship, and respect in a way that extends beyond the boundaries of our club.

Athlete Name: _____

Squad: Varsity Women ☐ Varsity Men ☐ Novice Women ☐ Novice Men ☐

Birthdate: _____ School: _____ Year in School: _____

Food Allergies: _____

E-Mail: _____ Cell Phone #: _____

☐ Please sign me up for the Booster newsletter

Parent(s)'s Information:

Parent Name: _____

E-Mail: _____ Cell Phone #: _____

☐ Please sign me up for the Booster newsletter ☐ I am the designated Booster member for this athlete

Parent Name: _____

E-Mail: _____ Cell Phone #: _____

☐ Please sign me up for the Booster newsletter ☐ I am the designated Booster member for this athlete

Carpool

☐ I would like to participate in a carpool **from** _____ school
(check all that apply) Parent driver ☐ Student driver ☐ Student passenger ☐

☐ I would like to participate in a carpool **to** our neighborhood: _____
(check all that apply) Parent driver ☐ Student driver ☐ Student passenger ☐

☐ Please share my name, email and phone number (____) _____ with other families that want to carpool

Volunteer

The success of our program depends on your help at Regattas and other Capital Crew events. This is what sets us apart from other programs! We require 5 parent volunteer hours each semester per Athlete. You will see opportunities to sign-up over email and on our TeamApp prior to any events.

☐ I will commit to volunteer 5 hours each semester.

Parent Signature: _____

Date: _____