

# Comprehensive Registration Checklist for Braves Rowing, Inc. (Boone Crew)

## Braves Rowing, Inc. Requirements:

- ☐ Braves Rowing, Inc. Release and Waiver
- ☐ Waiver & Release of Liability & Indemnity Agreement
- ☐ Emergency Medical Treatment Authorization
- ☐ Authorization for Participation, Request for Transportation, and Release of Liability
- ☐ Model Release Form
- ☐ Contact Information Form
- ☐ Handbook Acknowledgment and Consent Form
- ☐ Financial Agreement Form
- ☐ *Swim Test Form (New Rowers Only)*
- ☐ *New Rower Referral Form (New Rowers Only)*

## Orange County Public School (OCPS) Requirements:

- ☐ **FHSAA Preparticipation EL2 Form** (completed and signed by your physician)
- ☐ **Heart Screen ECG** (must be conducted by a Cardiologist or Pediatric Cardiologist)
- ☐ **NFHS Video Requirements:** Complete courses on Concussion in Sports or Concussion for Students, Heat Illness Prevention, and Sudden Cardiac Arrest. Upload Certificates of Completion to your Athletic Clearance account.

## Additional Requirements:

- ☐ **ADDITIONS Volunteer Application:** Required for all Boone Crew parents.
- ☐ **Bill Frederick Park Membership:** Obtain a valid park pass for entry.
- ☐ **Safe Sport Training:** All Boone Crew coaches, board members, staff, chaperones, and athletes 18 years and older must receive certification in Safe Sport training. Directions for completing the training will be provided by the Registrar at the first parent meeting.

## Submission Instructions:

- **Scan and Email** completed forms to **BRI Registrar:** [registrar@boonerowing.com](mailto:registrar@boonerowing.com) OR
- **Mail** completed forms to: 

Braves Rowing, Inc. (Attn: BRI Registrar)  
P.O. Box 560925  
Orlando, FL 32856-0925

## Important Notes:

- No student may participate in rowing activities without clearance from both the Braves Rowing Registrar.
- Adherence to OCPS and Braves Rowing, Inc. rules and requirements is mandatory. Non-compliance may result in removal from the team.

Thank you for your interest. We look forward to an exciting year of rowing!

# Braves Rowing, Inc.

## BRAVES ROWING, INC. RELEASE AND WAIVER

IN CONSIDERATION of being given the opportunity to participate in any William R. Boone High School Crew Team and/or Braves Rowing, Inc. ("Club") activities ("Rowing Activities", or the "Activity") for the Club, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land based, and that I am qualified, in good health, can swim adequately, and am in proper physical condition to participate in such Rowing Activities.
2. FULLY UNDERSTAND that: (a) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death including specifically, but without limitation, that at Bill Frederick Park at Turkey Lake where the Club holds practices and regattas, and other Rowing Activities, there are alligators, snakes and other wild animals in or about the lake, and that it is possible for rowing and other boats to be overturned or flipped in the water causing rowers to be plunged into the water ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Rowing Activities, the condition in which the Rowing Activities take place, the weather, or the negligence of the Releasees named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Rowing Activities.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue, US Rowing, the City of Orlando, the Club, Orange County Public Schools, and their respective directors, board members, coaches, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including, without limitation, negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees, from any litigation's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
Signature (only if age 18 or over) Phone: \_\_\_\_\_

### PARENTAL CONSENT:

AND I, the minor's parent and/or legal guardian, have read the language above and understand it, understand the nature of rowing activities, the nature of Turkey Lake as aforesaid, and the minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby release, discharge, covenant not to sue, and AGREE TO the aforesaid release and waiver on behalf of the minor, and agree to INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part as a result of the aforesaid Activity or by the operations of the Club, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature (only if participant is under the age of 18) Phone: \_\_\_\_\_

# Braves Rowing, Inc.

## WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

(US Rowing-Based Form – Florida Commercial/Non-Commercial Combined)

THIS Release is entered into as between \_\_\_\_\_ (Parent/Natural Guardian), as natural guardian and/or parent of \_\_\_\_\_ (Child's name), a minor child, and Braves Rowing, Inc., its officers, directors, members, employees and representatives (collectively, "BRI"), this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN:

**READ THIS FORM COMPLETELY AND CAREFULLY, YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF BRI USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE THAT YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM BRI IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND BRI HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

For and in consideration of BRI allowing my child to participate in the activities of or sponsored by BRI, I, for myself, and on behalf of my spouse, children, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability and Indemnity Agreement ("Agreement"):

I understand and acknowledge that water sports activities have inherent risks and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life.

I further understand and acknowledge that my child will be engaging in activities that involve the risk of serious bodily injury, permanent disability, paralysis and loss of life, which might result not only from his/her own actions, inactions or negligence, but the action, inaction or negligence of another, the rules of play, or the conditions of the premises, water conditions or of any equipment used. I understand and acknowledged that there may be other risks not reasonably known at this time.

I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: BRI, its employees, officers, directors, administrators, agents, coaches, instructors, members, other participants, sponsoring agencies all of which are hereinafter referred to as "Released Parties", from any and all liability for any and all claims, demands, losses, or damages on account of injury, including death, or damage to property, caused or alleged to be caused by (i) risks inherent in the water sports activity undertaken by my child, and/or (ii) the negligence of the Released Parties or otherwise.

I further agree that I will not sue or make a claim on behalf of myself or my child against the Released Parties for damages or other losses sustained as a result of my child's participation in the water sports activity.

I further agree to indemnify and hold Released Parties harmless from all claims, judgments and cost, including attorney's fees, incurred in connection with any action brought as a result of my child's participation in the water sports activity.

This Agreement is specifically intended to comply with Section 744.301, Florida Statutes, and is intended to operate as a waiver of liability to the fullest extent allowed by law on the date on which it is signed. To the extent that any portion of this Agreement is found to be unenforceable under Florida law, only that portion of the Agreement shall be stricken and the remaining portions of the Agreement shall be enforced.

BY EXECUTING THIS AGREEMENT, I REPRESENT THAT I HAVE READ THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, INCLUDING THE ABOVE SECTION TITLED "NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN", AND THAT I FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND THAT I SIGN IT OF MY OWN FREE WILL ON BEHALF OF MYSELF AND MY MINOR CHILD.

\_\_\_\_\_  
Signature of Natural Guardian/Parent on behalf of

\_\_\_\_\_, a minor

\_\_\_\_\_  
(Date)

**EMERGENCY MEDICAL  
TREATMENT  
AUTHORIZATION**

**Braves Rowing, Inc.**

Athlete's Legal Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Athlete's Date of Birth: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

My child is allergic to the following medications: \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

Please identify any serious injuries or illnesses your child has had: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ (print name and relationship to athlete)

Phone: \_\_\_\_\_

Alternate family member/friend to contact in case of emergency:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Care Doctor Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

*(All participants may be required to have insurance per OCPS Policy. Participants will be notified if insurance and proof of insurance is required. Write "none" if you have no personal insurance on this athlete at this time.)*

I understand if anyone falsifies any signature or information on this emergency treatment authorization, the student will be declared ineligible to participate in any BRAVES ROWING, INC. d/b/a Boone Crew ("BRI") activity (which includes, without limitation, participation in the Jr. Braves rowing program) for one full calendar year from disclosure date. I further give permission and authorize the officers, board members, program directors, coaches, school staff or other representatives of BRI, as agent(s) for the undersigned, to consent to any x-ray examination, and the anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or agent(s) to give specific consent to any and all such diagnoses, treatment or hospital care which the physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable. I further agree to hold said agents and their respective employees harmless in the administration of such assistance. I hereby authorize any hospital which provided treatment to the above named minor to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. These authorizations will remain in effect for one (1) year from the date hereof unless revoked in writing and delivered to said agent(s).

I hereby acknowledge and certify that I have read the emergency medical treatment document, that I understand and agree with its terms, and that I make the following written declaration under Section 92.525, Florida Statutes: "Under penalties of perjury, I declare that I have read the foregoing Emergency Medical Treatment Authorization and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

I understand, authorize, and consent to the release of my child's or ward's protected health information to my child's or ward's coach, assistant coach, and to any adult chaperone who is transporting my child or ward or who is assigned to oversee my child or ward at any BRI event or trip of any kind on a strictly limited and need to know basis to protect the health and safety of my child or ward and the other student rowers who participate in BRI's rowing programs.

Printed Name of Participant: \_\_\_\_\_

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

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

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

(Number/Street)

(City)

(State)

(Zip Code)

If Participant is under 18, parent/guardian signature is required below.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

# Braves Rowing, Inc.

## **BRAVES ROWING, INC. /BOONE CREW/JR. BRAVES PARENT AUTHORIZATION FOR PARTICIPATION, REQUEST FOR TRANSPORTATION, AND RELEASE OF LIABILITY**

As parent or legal guardian of (name of student)\_\_\_\_\_,

I authorize his/her participation in Braves Rowing, Inc. (d/b/a Boone Crew) (hereinafter "BRI") activities and practices (including, without limitation, those activities and practices involving the Boone Crew rowing program and the Jr. Braves rowing program).

During any Boone Crew related transportation, I release BRI from any duty to control or supervise or protect my child or ward, until he/she is returned to the appropriate BRI employee or agent;

On my own behalf and on behalf of my child or ward, I release BRI and its parent and athlete members from any liability for medical expenses, disability, disfigurement, lost wages, diminished earning capacity, mental anguish and emotional distress arising from any transportation of my child or ward, including but not limited to, injury caused by negligent operation of a motor vehicle, vehicle maintenance, mechanical failure or defect, vehicle misuse, negligent acts of third persons, intentional acts of third persons, roadway conditions or hazardous supervision, student misconduct, and disregard of generally recognized safety precautions by third parties;

I acknowledge that I have instructed my child to wear their seatbelt and to use appropriate prudent behavior in any vehicle.

I have read and fully understand the content of this authorization and release of liability form.

Printed Name of Parent/Legal Guardian:\_\_\_\_\_

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

Relationship:\_\_\_\_\_

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

Phone:\_\_\_\_\_

## Model Release Form - Consent, Waiver and Release

For and in consideration of benefits to be derived from the participation in BRI Programs, I, the responsible adult, do hereby consent, authorize and grant permission to the School Board of Orange County, Florida, Braves Rowing, Inc., and Boone High School Crew, its agents, employees or duly authorized representatives to take photographs, motion pictures or video tapes of said student, and do further consent to the publication, circulation and dissemination of said photographs, motion pictures or video tapes or any duplication or facsimile thereof for any purposes it may deem proper, including but not limited to use on the internet. In granting such permission, (I) (We) hereby relinquish and give to the School Board of Orange County, Florida and Braves Rowing, Inc., and Boone High School Crew all right, title and interest (I) (We) may have in the pictures, negatives, reproductions or copies, and further waive any and all right to approve the use of such photographs, motion pictures or video tapes and further do waive any right to compensation for the publication or other use of said photographs, motion pictures or video tapes and do release the School Board of Orange County, Florida, Braves Rowing, Inc., and Boone High School Crew, its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.

I agree to the terms of the Model Release Consent, Waiver and Release above.

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

Print Name: \_\_\_\_\_

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

# Braves Rowing, Inc.

## Rower Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## Parent/Guardian Contact Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address (if different): \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special or Medical  
Needs and IEP  
information if  
applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BRI, Boone Crew Handbook Acknowledgment and Consent Form

Review Handbook at: [boonerowing.com/register](http://boonerowing.com/register)

**By initialing, signing and submitting this form, both Athlete and Parent/Guardian acknowledge and certify that they:**

\_\_\_\_\_(rower's initials) \_\_\_\_\_ (parent/guardian initials) read and understand the Boone Crew Handbook, the Boone Athletic Code of Conduct, and the BHSAA Alcohol/Drug Use Policy.

\_\_\_\_\_(rower's initials) \_\_\_\_\_ (parent/guardian initials) read and understand the academic performance policy as well as the consequences for not maintaining at least a 2.0 GPA.

\_\_\_\_\_(rower's initials) read, understand, and agree to the Positive Coaching Alliance's Student-Athlete Social Media Agreement to use social media responsibly and respectfully.

\_\_\_\_\_(rower's initial if a driver) \_\_\_\_\_ (parent/guardian initials) read, understand, and agree to the transportation and travel guidelines and agree to engage in team travel WITH the proper safety requirements in place, including valid drivers' licenses, proper insurance, well-maintained vehicles, and compliance with all state laws.

\_\_\_\_\_(parent/guardian initials) consent to have my rower transported by another rower and/or another rower's parent/guardian to and from any BRI event as needed.

\_\_\_\_\_(parent/guardian initials) agree to complete an ADDitions volunteer application (available on the OCPS website) and Safe Sport training and submit proof of volunteer clearance, overnight chaperone clearance, and Safe Sport training certification to [Registrar@boonerowing.com](mailto:Registrar@boonerowing.com) PRIOR to chaperoning, driving, or volunteering for any BRI events. *Only those who receive clearance via ADDitions and Safe Sport are permitted to transport and chaperone athletes.*

Athlete Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Braves Rowing, Inc.

## **BRAVES ROWING, Inc.**

### **FINANCIAL AGREEMENT**

**Financial Disclosure:** Crew is an expensive sport. Unlike other high school team sports, crew is not funded by the school, district, county, or state. The team is self-sustaining and must operate as a nonprofit entity. While the families of each athlete pay an annual, semi-annual or monthly fee to be part of the team, this income only covers basic operating costs, such as coaching, insurance, boathouse maintenance and utilities, administrative costs and equipment repair and upgrades.

Athletes will be responsible for the cost of a new uniform (approx. \$50) and/or a new uni-suit (approx. \$150) if desired as well as an annual park pass to Bill Frederick Park at Turkey Lake (approx. \$80)

Fundraising is critical to keeping dues to a minimum and is part of every athlete/family's commitment to the team. In addition to monthly dues and fundraising, each athlete/family is responsible for their own travel expenses when the team participates in out-of-town regattas. These expenses include hotel accommodations for the athlete and any related members, food, and transportation costs.

BRI is 501(c)3 tax exempt organization that operates on a cash only basis. All rowers must pay dues and fees owed on their accounts in a timely manner in order for the Braves Rowing program to operate.

Athletes must have a zero balance on their account to be eligible to register for the season. Also, they must have no other obligations on their school account to register for the team.

The Braves Rowing Registration Fee is NON-REFUNDABLE and must be paid in full at registration. The Registration Fee will include US Rowing and FSRA memberships and other administrative costs.

Monthly dues will be for 9 months of the year (September through May). Fixed regatta fees will be due in advance of each regatta. This fee covers entry fees, on-site hospitality costs, coach expenses (hotel and travel) and equipment transport.

If monthly payments are chosen, the Treasurer will email each rower's parent a monthly statement on the 20th of each month to be paid within 10 days. Payments on a rower's account are considered late if not paid by the first of each month. If the rowers account is not paid in full by the 5th of the month, the rower will not be able to participate in any practices, regattas, or other team activities until the outstanding balance on the rower's account is paid in full. If the balance on the account is over 60 days past due, the balance will be turned over to Boone High School and Orange County Public Schools for further collection. Students will not be able to participate in some school activities, receive transcripts, or attend graduation if they have a delinquent account with the school.

Each team member will have the option of purchasing a team jacket as a Braves Rowing tradition. It is not a required purchase. In order to earn a team jacket, a rower must participate in a full fall or spring season and 2 regattas.

All practices are held at Bill Frederick Turkey Lake Park at Turkey Lake. The park charges for entry. All athletes and drivers are required to have a Turkey Lake Park id for entry and to carry it with them for each practice.

As part of BRI's contract for use of the boathouse at Bill Frederick Park, the team is required to perform volunteer services at the park for a collective 200 hours annually. Each rower will be responsible for volunteering their fair share.

All parents are responsible for keeping their rowers accounts current. There are no refunds if a rower voluntarily leaves the team.

Payments can be made annually, semi-annually via check, ach debit or credit card. Monthly payments will only be accepted via ach debit or credit card (processing fee will be noted on invoice).

# Braves Rowing, Inc.

BRI 2024-2025 Costs: BRAVES ROWING, Inc.  
FINANCIAL AGREEMENT

Registration Fee: \$150

Annual Dues Payment: \$2,182 (3% discount)

Semi Annual Dues Payment: \$980 Fall Season Sept - Dec (2% discount)  
\$1,225 Spring Season Jan - May (2% discount)

Monthly Dues Payment: \$250 (9 equal installments paid Sept. - May. Does not align to practice/participation months.)

Multi-athlete Discount: 40% discount for additional athlete and 1 regatta fee per household

Uniform (If needed): Approx \$50

Uni-suit (If needed): Approx \$150

Regatta Fees: \$65 for in-state regattas and \$200 for out of state regattas

Processing fee will be noted on your invoice.

I have read and understand the financial expectations and fee structure for Braves Rowing.

Athlete's Name: \_\_\_\_\_

Parent/Legal Guardian Print Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

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

# BRI Payment Preference 2024-2025

**Athlete Name:** \_\_\_\_\_

## **Select one:**

\_\_\_\_\_ **Annual Dues Payment:**  
\$2,182 (3% discount)

\_\_\_\_\_ **Semi-Annual Dues Payment:**  
\$980 Fall Season Sept - Dec (2% discount)  
\$1,225 Spring Season Jan - May (2% discount)

\_\_\_\_\_ **Monthly Dues Payment:**  
\$250 (Total cost divided over 9 monthly payments from Sept - May, even though athletes may not practice or row in May)

- All Quickbook CC or ACH fees will be paid by BRI. You do not have to include fees with your payment. Zelle is our preferred payment method as there is no cost to either party.
- Annual and Semi-Annual dues payable via personal check (given to a board member), Credit Card, ACH or Zelle.
- If athlete leaves the team within the first month of starting, prorated refunds for annual or semi-annual dues will be given.
- Monthly dues payable via Credit Card, ACH or Zelle. Payment instructions will be included on your invoice. No personal checks will be accepted.
- Multi-athlete Discount: 40% discount for additional athlete and 1 regatta invoice per household.

# Braves Rowing, Inc.

## SWIM TEST FORM

### Instructions:

- 1) Write Name of Participant on the Swim Test Form;
- 2) Have a certified Lifeguard/Water Safety Instructor observe you and complete for below
- 3) Return to BRI registrar with other paperwork

Name of Participant/Rower: \_\_\_\_\_

Name of Lifeguard/Water Safety Instructor: \_\_\_\_\_

Name of Pool: \_\_\_\_\_

Phone Number of Pool: \_\_\_\_\_

### Swim Test Certification:

I hereby certify that the participant can **swim 100 yards** in a competent manner and can **float or tread water (or any combination of the two) for at least 10 minutes.**

Signature of Lifeguard/Water Safety Instructor: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Make appointments for swim tests at Fort Gatlin Recreation Complex  
2009 Lake Margaret Drive, Orlando, FL 32806, (407) 254-9820  
or check with your Local YMCA

# Boone Crew New Rower Referral Form

## New Rower Information

Name: \_\_\_\_\_

School Attended Last Year: \_\_\_\_\_

How did you hear about Boone Crew?

(Please check all that apply)

- ☐ **Friend\***
- ☐ **Family Member\***
- ☐ Social Media (Facebook, Instagram, etc.)
- ☐ School Announcement or Newsletter
- ☐ Community Event
- ☐ Flyer or Poster
- ☐ Website
- ☐ Other: \_\_\_\_\_

**\*Referred By:**

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

Relationship to Current Rower (e.g., friend, sibling): \_\_\_\_\_

**Additional Comments:**

---

---

---

New Rower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

