



## BEDFORD CREW



### **2024 Bedford Crew Winter Training**

Get a jumpstart on the spring season with our winter training program!

Dates: Tuesday, January 2 – Thursday, March 14, 2023.

Days: Monday - Thursday

Time: 3:00 - 4:30 pm at BHS. Meet in Bulldog Corner

Fee: \$250 (payable to “Bedford Crew”)

- Practice might be held outside when conditions allow. Please dress accordingly.
- When there is no school (holidays, snow days, February break), there is no practice.
- Flexible scheduling! Rowers can attend winter training sessions as their schedule allows; attendance is not mandatory.

***PLEASE RETURN COMPLETED FORMS AND PAYMENT TO:***

**BHS Athletic Office**

**by the end of the school day Wednesday, December 20, 2023**

*Email: [bedfordcrewnh@gmail.com](mailto:bedfordcrewnh@gmail.com)*



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## REGISTRATION FORM – Winter 2024

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

**Name of Rower:** \_\_\_\_\_ **Year Graduating:** \_\_\_\_\_

**M/F** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Rower Cell #:** \_\_\_\_\_

**Rower Email:** \_\_\_\_\_

**Parent/Guardian Information** (Email is important if you wish to receive emails. This is our primary source of communication. PLEASE write legibly).

**Parent/Guardian #1:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Registration Fee\*:**

Per Rower: **\$250**

Check #: \_\_\_\_\_

Checks made out to **Bedford Crew**. Participation will only be confirmed on a first-come, first-served basis after receipt of payment. If payment is an issue, please email [bedfordcrewnh@gmail.com](mailto:bedfordcrewnh@gmail.com).

**\*Refund Policy:**

- Withdrawal before first day of practice: full refund if we are able to fill the spot. 50% refund if not.
- Withdrawal requested after first week of practice: no refund
- Any exceptions to the refund policy due to illness, injury, or other extenuating circumstances will be addressed on a case-by-case basis. There is no guarantee that any exception will be made.

Parent – please sign here acknowledging refund policy: \_\_\_\_\_



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## CODE OF CONDUCT AND MEDIA RELEASE

*It is the mission of the Bedford Crew Club to provide Bedford High School students with the most enriching team-oriented athletic experience possible, while setting the highest standards of academics, responsibility, and sportsmanship for its participants. This Code of Conduct is being implemented for this purpose.*

- The student/athlete must be in good academic standing at Bedford High School. If not, the student will be required to work with the coach on a remediation plan to balance academics with participation on the crew team.
- The possession or use of tobacco, alcoholic beverages, or illegal drugs is prohibited by members of Bedford Crew. In addition, any misconduct resulting in a school suspension will also not be tolerated.
- Upon evidence of possession or use of any of the above, and including egregious misconduct as outlined in the BHS handbook under “Citizenship and Student Behavior” resulting in a school suspension, the student/athlete will be suspended from the team, pending investigation.
- The final decision to remove a student/athlete from athletic participation for the completion of the season will be made by the Coach in consultation with Bedford Crew Board of Directors.
- Team initiations and hazing are strictly prohibited. Any athlete participating in such behavior, or who has awareness of such behavior without reporting it will be subject to permanent removal from the team.
- In accordance with the above, I give Bedford High School permission to release the academic status and/or disciplinary actions against the student to a board representative of Bedford Crew.

We understand that these provisions will be enforced and failure to sign this document will not prevent its sanctions from being applied.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## BEDFORD CREW



### Media Release:

I give my permission /  I do not give permission for photographs, videos and interviews to be taken of the above-named individual during Bedford Crew activities. It is my understanding that any such images or interview content or portions thereof may be used for public view. Further, I hereby authorize the Club to release/use my name in conjunction with the aforementioned images in recognized, responsible publications or media outlets, on Bedford Crew's website and as otherwise reasonable and responsibly approved by the Bedford Crew. The purpose of this may be in conjunction with a general news release such as sports reporting or more specifically for recruiting or as part of publicity and marketing campaigns, fundraising efforts, or other BedfordCrew initiatives.

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

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



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## CONSENT FOR TREATMENT FORM

Rower's Name: \_\_\_\_\_ Grade \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_(\_\_\_\_)\_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_(\_\_\_\_)\_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_(\_\_\_\_)\_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_

If parents cannot be reached, please contact:

Name/relationship: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_\_

Health History: (include allergies, surgeries, injuries, long-term illnesses, heart trouble, concussions, asthma, and other breathing difficulties etc. If there is anything else that might be helpful in coaching your child, please include here as well. Include dates where appropriate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_

Date of last tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby give permission for the care and emergency treatment of \_\_\_\_\_ by physicians, athletic trainers, coaches, EMTs, or hospital emergency room personnel for treatment of any illness or injury resulting from or affecting his/her athletic participation.

Preferred Physician: \_\_\_\_\_ Phone #: \_(\_\_\_\_)\_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE