

# 2017 Alliance Rowing Club of Illinois REGISTRATION FORM

NAME(s): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Cell: \_\_\_\_\_ Plan Carrier: \_\_\_\_\_ Athlete Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Email(s): \_\_\_\_\_ Athlete Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PROGRAM:** \_\_\_ D8 \_\_\_ D9 \_\_\_ DEV \_\_\_ U19 \_\_\_ Open (U27) \_\_\_ Masters \_\_\_ R.O.W. \_\_\_ Family \_\_\_  
L.T.R.

**Learn to Row:** D8: \$149 All Others: \$164 Note: Intro package of 4 sessions of Dryland + Rowing

**Monthly Dryland Fee:** \$160 Oct-Mar \$80 Apr-Sep **Drop-in:** \$24 **3-Months:** \_\_\_\_\_

**ANNUAL/Seasonal Fleet Dues:** Family: \$800/400 Single: \$500/250 U19: \$350/250 D8: \$175/125  
Seasons: Spring (Mar-May), Summer (June-Aug) & Fall (Sept-Nov)

*Plus.....*

**Seat Fees apply May-Sep:** Annual: \$750 -or- Punch Card: 20/\$480 10/\$280 1 Drop-In/\$32

Note: D8 Dues include 1 Seat Fee

**Private/Semi-Private Lessons:** Level I/II Coach \$48-\$98 based on Lesson/Boat type (75+ minutes)

**NOTE:** ARC Members (Dues Paying) are discounted 10-25% on all *a la carte* Clinics, Lessons & Seat Fees

**U19 Spring or Fall Fees:** Spring: \$750 Fall: \$900 Coxswain/Other: \$550

ALL Coaching, Seat & Practice fees included - Summer Program optional and priced separately

**\*\*Regatta/Scrimmage/Clinics:** Billed *separately* based on Race entry fees, travel & trailering per event

**Team Wear/T-Shirt/UniTank:** Ordering costs and information available upon request

**Dues/Fees/Studio Dryland:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_ Total

**Payment Options:** Cash Check # \_\_\_\_\_ (Pay to the order of "ARC")

Credit Card: VISA MASTERCARD AMEX DISCOVER

Name on Card \_\_\_\_\_

Number: \_\_\_\_\_ Expires: \_\_\_/\_\_\_ (MM/YY) V-Code: \_\_\_\_\_

I hereby authorize Alliance Rowing Club/Northshore Fitness to charge my credit card for the above dues and fees indicated above with the following signature. I promise to pay balance within 30 days.

Signature of Cardholder: \_\_\_\_\_

**Northshore Fitness Studio – Alliance Rowing Club of Illinois  
2017 Fitness Training & Rowing Program  
Liability WAIVER Agreement**

Name(s) \_\_\_\_\_ DOB \_\_\_\_\_ Gender M / F  
\_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_ Gender M / F  
\_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_ Gender M / F  
\_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_ Gender M / F  
\_\_\_\_\_ DOB \_\_\_\_\_ Gender M / F

I agree to follow all the rules and regulations of NORTHSHORE FITNESS STUDIO or Alliance Rowing Club (ARC) while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with NORTHSHORE FITNESS STUDIO or ARC without respect as to location and understand and agree that I may be expelled at any time, with no refund of any monies paid for failure to abide by such rules and regulations.

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF NORTHSHORE FITNESS STUDIO FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH NORTHSHORE FITNESS STUDIO or ARC WITHOUT RESPECT AS TO LOCATION, HEREBY AGREE TO THE FOLLOWING

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATING IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with NORTHSHORE FITNESS STUDIO or ARC without respect as to location except for any injury, damage or loss that is caused solely by NORTHSHORE FITNESS STUDIO's or ARC's gross negligence.
2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the NORTHSHORE FITNESS STUDIO or ARC; THEIR RESPECTIVE OFFICERS, DIRECTORS, MEMBERS VOLUNTEERS, EMPLOYEES OR AGENTS (THE 'RELEASES') AND EACH OF THEM FROM ANY

CLAIMS FOR INJURIES, DAMAGES OR LOSS THAT I OR MY MINOR CHILD MAY HAVE OR WHICH MAY ACCRUE TO ME OR MY MINOR CHILD / WARD FROM MY OR MY MINOR CHILD / WARD'S presence in, upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with NORTSHORE FITNESS STUDIO or ARC without respect as to location except for any injury, damage or loss that is caused solely by NORTSHORE FITNESS STUDIO's or ARC's gross negligence.

3. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them from any loss , liability, damage or cost they may incur from me or my minor child/ ward presence in, upon or about the premises or while using or observing the premises or any facilities or equipment or participating in any program affiliated with NORTSHORE FITNESS STUDIO or ARC without respect as to location except for any loss, liability, damage or cost that is caused solely by NORTSHORE FITNESS STUDIO's or ARC's gross negligence.

I further expressly agree that the foregoing ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and is any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THIS AGREEMENT APPLIES TO ALL PAST, PRESENT AND FUTURE VISITS AND USES BY ME TO ANY AND ALL NORTSHORE FITNESS STUDIO or ARC FACILITIES, SPONSORED EVENTS AND PROPERTIES. I HAVE READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

SIGNING THIS AGREEMENT INDICATES THAT YOU HAVE READ, UNDERSTAND AND ARE AGREEING TO, WITHOUT ANY EXCLUSIONS OR MODIFICATIONS, THE ABOVE TERMS AND CONDITIONS FOR THIS

Swimming Test Required:  Yes  No Code of Conduct Signed:  Yes

No

**Note:** If Yes on Swim Test, a swim test documented by an authorized professional is required and received prior to accessing for ON THE WATER activities.

**WAIVER AND RELEASE:**

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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

\*Parent/Guardian's SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Participant Restrictions/Limitation(s): \_\_\_\_\_

