



ALBANY ROWING CENTER WINTER TRAINING

PROGRAM DESCRIPTION:

Winter Training is strongly recommended for rowers of all interests and experience levels. During the winter we work at not only applying more power during the stroke, but also applying it more consistently and in such a way that translates to moving boats faster on the water. Simply put, more force applied to the handle results in a faster drive. The result of a faster drive is improved rhythm - to hold the same stroke rating (strokes per minute), the recovery **must** slow down (improving rhythm). Regardless of what type of rowing interests you (competitive, recreational)... good rhythm just feels better! We will also work to unify technical styles which helps a boat to move together more naturally, and also enables rowers to transition between ARC programs (and coaches) with ease.

This really is a great time for our team to come together and to lay a strong foundation for the upcoming seasons on the water. Let's work to raise the quality of rowing in Albany, across the board.

WINTER TRAINING SCHEDULE and FEES:

Winter training will run Monday, January 2, through Friday, March 30, at our rented space on the first floor of 883 Broadway in Albany, at the corner of Broadway and North Ferry Street.

Adults will train 4 days per week (Monday, Tuesday, Thursday, Friday). You may choose to train either mornings (5:45 until 7:15 am) or evenings (6:30 until 8:00 pm). Saturdays will be offered from 6:45 – 7:15 a.m. for optional steady state meters or to make up missed workouts (not required).

FORMS: Required registration form and waiver are attached. Medical form only required if you are a new member; your information has changed; or there is a particular allergy or medical condition of which the coach should be aware. If so, bring medical information to the first day of practice.

PAYMENT: Payment must be submitted on the first day of practice, in the form of a **\$250** check written out to Albany Rowing Center. This is a full season of rowing, and will not be broken down month to month. There will be no refunds of Winter Training dues.

Forms & Payment should be submitted to Head Coach Mike MacMinn on or before Monday, January 2, 2012.

COMMUNICATION: <https://sites.google.com/site/albanync/home>

COACH CONTACT INFO:

Mike MacMinn
Head Coach & Program Director
Albany Rowing Center
mike.macminn@gmail.com
(518)-727-6499



2012 Winter Training Application

Athlete's Name: _____ US Rowing # _____

Street _____ City _____

Zip _____ Home Phone: _____ Cell Phone _____

Work Phone: _____ E-mail: _____

Adult training AM _____ PM _____ I am interested in Saturday training _____.

I am interested in participating in indoor rowing competitions. YES NO

ARC business only:

Application received: _____ (date)

Waiver received: _____

Check #: _____ Check Date: _____ Amount: _____

Received by: _____

ARC/USRowing Waiver Form – Release of Liability

IN CONSIDERATION of being given the opportunity to participate in any USRowing activities (“Activity”), including scheduled, supervised Albany Rowing Center (“Club”) activities, and other regattas until the end of this calendar year, 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, and in proper physical condition to participate in such Activity.
2. FULLY UNDERSTAND that:
 - a. ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death (“Risks”);
 - b. these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, 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;

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 Activity.

3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of USRowing and Albany Rowing Center and that, if I observe any condition which I consider to be noticeably 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 USRowing, the Club, the Regatta, their administrators, directors, 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 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, to the fullest extent permitted by law. I have read this agreement, fully understand its terms, understand that 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: _____ US Rowing # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

Participant’s Signature: _____

PARENTAL CONSENT (if participant is under the age of 18)

AND I, the minor’s parent and/or legal guardian, understand the nature of rowing activities 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 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 by the operations, 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, to the fullest extent permitted by law.

Printed Name of Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

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

SIGNED: _____

ALBANY ROWING CENTER ADULT HEALTH QUESTIONNAIRE

Rowing is a sport that requires a high level of physical fitness and stamina. The nature of the sport requires intense activity for sustained periods of time during practices and races. With this in mind:

1. Has your doctor ever said that you have a heart condition? ___ Yes ___ No
2. Do you suffer from pains, heaviness and/or pressure in your chest? ___ Yes ___ No
3. Do you have treated/untreated high blood pressure? Treated: ___ Yes ___ No
Untreated: ___ Yes ___ No
4. Do you ever faint or have spells of severe dizziness? ___ Yes ___ No
5. Has your doctor ever told you that you have a bone, joint or neurological problem that has been made worse or might be made worse with exercise? ___ Yes ___ No
6. Is there a good physical reason, not mentioned above, why you should not participate in an activity program even if you wanted to? ___ Yes ___ No
Explain:
7. Are you over age 65 and unaccustomed to vigorous exercise? ___ Yes ___ No
8. Can you swim? ___ Yes ___ No
9. Date of last tetanus shot: _____

I, for myself, my personal representatives, assigns, next of kin, heirs, executors and administrators, affirm that the information that I have given above with respect to my health is accurate to the best of my knowledge. I understand and accept that I should have a thorough physical examination by my doctor before engaging in this sport.

Signature

Date