

Maclay Junior Rowing Program Information

Coach: Yuval Peress

Assist. Coach: Matthew Lundberg (Shaft)

Welcome to Crew

The Maclay Junior Rowing Program introduces 1st through 6th grade students to the sport of crew in a safe and fun environment. Each month, young rowers have an opportunity to earn merit badges as they learn new drills and rowing skills.

Practice Dates and Times: To keep things fun we recommend students start off with an easy schedule in which they will row on Tuesdays and Thursdays from 3:30 to 5:00. Motivated rowers and those who require it are welcome to stay for the full practice which ends at 6:00.

Location: Practices take place in the “erg” room on the Maclay campus and at Lake Hall on Maclay Gardens.

Transportation: Once students begin training at the lake, the team will set up a carpool system between the crew parents to drive kids to the lake. If there are not enough drivers volunteers, parents will be responsible to make their own arrangements for their rower’s transportation.

Safety: All youth must pass a swimming test before attending any lake practices and attend safety orientation before getting in a boat. Swimming tests will be held prior to the first day on the water. The Junior program will row safely on the water in an 8-man rowing shell equipped with pontoons.

Progress: Once your child reached the 7th grade or has attained a certain skill level he/she will be invited by the coach to participate in the competitive program. Participation in the competitive program allows the child to attend additional practices, travel with the team, and compete.

Seasons: Fall 2011(August-November) & Spring (January-May)
Between season practice (December - dues apply)

Enrollment: Anyone is welcome to try rowing. We allow a two-week trial period before any commitment is made. Participation in the Junior Rowing Program does require some planning on our part so we request to be

notified by e-mail, maclaycrew@gmail.com , about your child's enrollment for each month by the 21st of the previous month. Completed forms (Personal Information, Emergency and Waiver) and checks may be mailed to “**Maclay School/Crew**” - **3737 N. Meridian Rd. Tallahassee Fl, 32312**, or brought with your child to his/her first practice. Forms may be printed from the www.maclaycrew.org website.

Cost: Dues of \$100 per month cover coaching fees, a t-shirt, park pass to Maclay gardens, and all merit badges. The monthly payment is due by the 15th of each month. Please make checks payable to **Maclay Crew** and mail them to the address above. In order to stop crew charges, please send an e-mail to maclaycrew@gmail.com , informing the coach the day your child plans to stop practices.

FOR MORE INFORMATION:
visit www.maclaycrew.org or contact the coach

Contacts:

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|----------------------------------------|-------------------------------------------------------------------------------|
| Coach: Yuval Peres Phone: | maclaycrew@gmail.com (850) 320-ROW2 |
| Assist. Coach: Mattew Lundberg (Shaft) | msl07c@fsu.edu |
| Presidente: John Foote | john@wrongfullyinjured.com |
| Vice-President: Jeanne Dimitri | jeannedim@hotmail.com |
| Secretary: Paige Brey | paigepbrey@yahoo.com |
| Treasurer: Leslie King | leslie_bakerk@yahoo.com |

CREW DIRECTORY PERSONAL INFORMATION SHEET

Athlete

Name: _____

Grade: _____

Address: _____

Home phone: _____

Cell phone: _____

Email: _____

Athlete birth date: _____

Parents or Guardian

Names: _____

Address (if different than child): _____

Home phone(if different than child): _____

Work phones: (mom) _____

(dad) _____

Cell phones: (mom) _____

(dad) _____

Email addresses: (mom) _____

(dad) _____

**MACLAY CREW
EMERGENCY AUTHORIZATION AND CONTACT INFORMATION**

Name of Participant: _____

Parent or guardian name: _____

Emergency contact (if different from parent or legal guardian):

Address: _____

Phones: H _____ Cell _____ W _____

Doctor's name, address, and phone: _____

Allergies: _____

Medical conditions (of which we should be aware): _____

I, _____, the parent or legal guardian of _____, grant permission for necessary treatment of conditions arising during participation in activities involving Maclay Crew, including medical or surgical treatment recommended by a physician. I understand that reasonable effort will be made to contact me prior to treatment; however, if for any reason I cannot be reached, I authorize the Maclay Crew coach or a representative of Maclay School to secure medical attention by a physician or hospital for my child. I will assume financial responsibility for charges involved.

Parent or Guardian
Signature: _____

Health Insurance Company: _____

Policy and/or Group nos: _____

Address: _____

Phone No.: _____

