



BURNT HILLS ROWING ASSOCIATION, INC.

PO BOX 248

BURNT HILLS, NY 12027

January 16, 2012

Dear Rowers and Parents,

It's time to think about the spring rowing season for the BHRA. Our season begins indoors on **Monday March 5th** at the boathouse. The schedule is in the attached packet.

There are several items to take note of this season:

- Important announcements and news will be communicated through our blog pages. The BHRA blog is located at <http://bhrowing.wordpress.com>. From there, you can access blog pages for each of the teams.
- Waivers should be submitted online at <http://rosters.usrowing.org>. Instructions are provided in this packet.
- The BHRA is a member-run organization; therefore, each family will be required to provide a minimum of five (5) hours of adult (parent/guardian) volunteer time to the BHRA during the season.
- Dues have risen from \$375 to \$400 this spring season. With this increase however, you will no longer be asked to pay the food tent fee at a later time. This cost is now included in the dues. In addition, we were able to add 3 additional coaches with this increase which will greatly benefit your program.
- All registration must be done via regatta central (instructions attached). When making an account, please make sure a parent is the account holder and that a parent's e-mail is the account holder's e-mail. We use e-mail as one way to communicate both specific and general team information
- If you are a returning rower, especially if you did not row in the fall or winter, please be sure to check and update all information that is already in your regatta central account (phones, grade, age, etc).
- BHRA paperwork needs to be turned in on the first day of practice to the coaches. No rower will be allowed to participate without signed BHRA, BHBL and a Health Clearance Form from the nurse.
- All rowers must have proof of a physical within the last calendar year (available at school if desired-listen to announcements at school for the date and times). The BH-BL Central Schools Physical Form and Sports Health Recertification Form must be filled out and given to the school nurse who will then give the rower a Health Clearance Form which they must give to the coach. **DO NOT send physicals/health recertification forms to BHRA; they must go to the school nurse.**
- Clothing orders, candy pick-up, and volunteer sign-up will be handled in person at the boathouse at the following times: **Monday March 5th 5:00- 7:00 PM, Wednesday March 7th 5:00-7:00 PM and Wednesday March 14th 5:00-7:00 PM.**
 - A parent or guardian must come to one of these sessions in order to sign up for volunteer opportunities...we want to see you and say hi ☺
 - The clothing order form will be available at registration. Remember, all rowers rowing at the high school level must have a unisuit; help with measuring will be available. Payment in full via cash or check is required.
 - For those selling candy, it will be available for pick-up. Prepayment in full via cash or check is required. You pay total cost of candy and keep the money you collect from candy sales.

See you at the boathouse!!!

Martha Hainey Flacke, President
Burnt Hills Rowing Association

Checklist

- Regatta Central Registration (instructions provided in this packet)
- USRowing Online Waiver & Roster (instructions provided in packet)
- BHRA authorization for medical treatment of minors (in this packet)
- BHBL Medical Release (provided first day of practice)
- Health Clearance Form (obtain from nurse)
- Clothing Order (available on March 5th, 7th or 14th)
- Volunteer Sign up (available on March 5th, 7th or 14th)

Regatta Central Instructions:

If you already have a regatta central account (anyone who has rowed this past winter should have one already), please SIGN IN to your account and skip to number 7.

- 1) Go to www.regattacentral.com
- 2) On the left hand side of the screen, click the join now link
- 3) Make sure United States is selected and click next
- 4) Make sure New York is selected and click next
- 5) Select Burnt Hills Rowing Association from the drop down and click next
- 6) Please enter the information requested on the page. This information is the account holder information and can be either the rower OR the parents info.
- 7) Click the clubs tab at the top of the page
- 8) Click show details in the Burnt Hills Rowing Association box
- 9) Click the join link next to the Spring Rowing Item (there are 5 options, so please read carefully) you wish to join
- 10) Make sure that in the participant drop down box, the ROWER is listed. If not, please click the new participant link next to the box and enter the rowers information. If the rower does not have a usrowing number, please leave that blank.
- 11) Please enter the remaining information requested on the page. Make sure all fields are filled in.
- 12) When finished, select the payment method from the drop down menu and click register
- 13) If you are mailing a check, you are done. If you are paying with a credit card, that information will be entered on the next page, and your registration will be complete. You should receive a confirmation email regarding completed registration.

****Please contact Mike Meier if you have any registration problems on regatta central,
headcoach@burnthillsrowing.com or 369-7868.**

Spring 2012

High School Schedule

| | |
|-----------|--|
| 2/? | Free physicals at High School. Register with nurse. |
| 3/5 | Practice Starts all levels. See land training schedule. |
| 3/5 | 1 st clothing/volunteer sign up @ BH Boathouse – 5-7pm |
| 3/7 | 2 nd clothing/volunteer sign up @ BH Boathouse – 5-7pm |
| 3/14 | 3 rd and final clothing/volunteer sign up @ BH Boathouse – 5-7pm |
| 3/16 | Mandatory Rower/Parent Meeting, 5:45 pm @ BH Boathouse |
| 3/21 | Swim Test – 2:30pm @ High School Pool |
| 3/31 | Docks in-Tentative |
| 4/5-4/14 | Spring Break Training (South Carolina - By invite only) |
| 4/28-4/29 | Saratoga Invite - All HS Rowers - Fish Creek, Saratoga |
| 5/5-5/6 | Section II Championships – All HS Rowers – Niskayuna, NY |
| 5/12-5/13 | NYS State Championships – All HS Rowers – Fish Creek, Saratoga |
| 5/18-5/19 | Stotesbury Cup – (potential depending on interest) – Philadelphia, PA |
| 5/19-5/20 | North American JR B/C Champs – 6 th - 10 th grade – Saratoga, NY |
| 5/25-5/26 | SRAA Nationals – Qualified Only – Camden, New Jersey |
| 6/2 | National LTR Day – Mandatory for all to help out who aren't in SAT's |
| TBA | Spring Banquet – All Rowers |

**Additional races and scrimmages may be added as the season gets underway.

Spring 2012

Middle School Schedule

| | |
|-----------|---|
| 2/? | Free physicals at Middle School. Register with nurse. |
| 3/5 | Practice Starts all levels. See land training schedule. |
| 3/5 | 1 st clothing/volunteer sign up @ BH Boathouse – 5-7pm |
| 3/7 | 2 nd clothing/volunteer sign up @ BH Boathouse – 5-7pm |
| 3/14 | 3 rd and final clothing/volunteer sign up @ BH Boathouse – 5-7pm |
| 3/16 | Mandatory Rower/Parent Meeting, 5:45 pm @ BH Boathouse |
| 3/21 | Swim Test – 2:30pm @ High School Pool |
| 3/31 | Docks in-Tentative |
| 4/28 | Saratoga Invite - All MS Rowers - Fish Creek, Saratoga |
| 5/5 | Section II Championships – All MS Rowers – Niskayuna, NY |
| 5/2 | BH vs Mohawk (tentative) |
| 5/10 | BH vs Shenendehowa |
| 5/17 | BH vs Niskayuna |
| 5/24 | BH vs SGS (tentative) |
| 5/30-5/31 | Modified Championships |
| 6/2 | National LTR Day |
| TBA | Spring Banquet – All Rowers |

**Additional weekday scrimmages may be added as the season gets underway

March 2012

Land Training Schedule

| Schedule/Location | Monday | Tuesday | Wednesday | Thursday | Friday | |
|---|--|---|--|--|--|--|
| Spring 2012 practice begins on Monday March 5th. There are 2 shifts of practice, with the location and times listed on the left. All practices will be 3:30-6:00 Monday 3/5. | | | | 1 | 2 | |
| | | 5 | 6 | 7 | 8 | 9 |
| | 3:30-6 PM Maritime Gym 3:30-6 PM Boathouse Gym 6-8:30 PM Boathouse Gym | All Teams Practice from 3:30-6:00 PM Monday March 5th ONLY | Girls Team Boys Team Mod Team | Boys Team Mod Team Girls Team | Mod Team Girls Team Boys Team | Mod Team Boys Team Girls Team |
| | | 12 | 13 | 14 | 15 | 16 |
| | 3:30-6 PM Maritime Gym 3:30-6 PM Boathouse Gym 6-8:30 PM Boathouse Gym | Boys Team Mod Team Girls Team | Girls Team Boys Team Mod Team | Boys Team Mod Team Girls Team | Mod Team Girls Team Boys Team | Girls Team Mod Team Boys Team |
| | 19 | 20 | 21 | 22 | 23 | |
| 3:30-6 PM Maritime Gym 3:30-6 PM Boathouse Gym 6-8:30 PM Boathouse Gym | Mod Team Girls Team Boys Team | Girls Team Boys Team Mod Team | Boys Team Mod Team Girls Team | Girls Team Mod Team Boys Team | Boys Team Mod Team Girls Team | |
| | 26 | 27 | 28 | 29 | 30 | |
| 3:30-6 PM Maritime Gym 3:30-6 PM Boathouse Gym 6-8:30 PM Boathouse Gym | Mod Team Boys Team Girls Team | Boys Team Girls Team Mod Team | Boys Team Mod Team Girls Team | Mod Team Girls Team Boys Team | Girls Team Mod Team Boys Team | |
| **Maritime Gym is the Maritime Center Gym nextdoor to the Burnt Hills Boathouse/Gym** | | | | | | |

AUTHORIZATION for medical treatment of minors

If your child needs medical, dental, health or hospital services, under law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child. This is a legal document. After you complete this form, give a copy to each adult you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person -- physician, dentist, or hospital representative.

When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

PLEASE COMPLETE ALL SECTIONS

A. IDENTIFICATION

Name of Minor _____

Date of Birth _____

B. ALLERGIES

My child has the following allergies or medical conditions (if none, write NONE): _____

If your child has allergies, indicate if your child does or does not have an allergic reaction kit for any of the listed allergies. If your child does, attach specific instructions to this form and indicate whether the child or the coach/chaperone will keep the kit.

C. MEDICATIONS, INCLUDING INHALERS

Medication

Medication Dosage (amount and frequency)

| | |
|--|-------|
| <input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-Counter Name: _____ | _____ |
| <input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-Counter Name: _____ | _____ |
| <input type="checkbox"/> Prescription <input type="checkbox"/> Over-the-Counter Name: _____ | _____ |

My child uses inhalers as described above for respiratory ailments, and does or does not have my permission to keep this with him/her. If your child does not, then the coach/chaperone will keep it with him or her.

D. HEALTH CONDITIONS

Describe any health conditions or other health information that would help us treat your child in your absence:

Emergency contact name if parents are unavailable: _____ Phone# _____

Insurance Co. or Gov. Program ID/Contract# _____

Name of Ins. Plan _____ Physician's Name _____

Physician's Phone# _____ Address _____

I, being the parent, custodian or legal guardian of the above named minor, do hereby appoint the Club President, Head Coach or designated parent chaperone, to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor in my absence.

Printed Name _____ Signature _____ Date _____

Phone(H) _____ Work) _____ (Cell) _____

Street Address _____ City _____ State _____ Zip _____

Form valid for a period of one year from date signed

Attention:

The following two (2) pages are required by the BH-BL School District. The first is a health recertification form, which must be completed and returned to the school nurse by all participants. The second is a physical form. It should be completed by the student's doctor if the nurse does not have a current one on file from within 1 year of the start of the spring season. Once the nurse has both of these documents on file, she will give the student a yellow health clearance form which must be turned into the head coach prior to the student starting practice. THERE ARE NO EXCEPTIONS. Please contact the school nurse for more information.

**BURNT HILLS-BALLSTON LAKE
CENTRAL SCHOOLS**

Sports Recertification Form
Interval Health History
Fall Winter Spring

Student _____ Age _____

Grade _____ Birth Date _____ Sport _____ School _____

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Part A - To be completed by the parent or guardian:

This form provides a medical history update since the student's last full medical examination. It **MUST** be completed within the 30 days before the first day of tryouts **UNLESS** the full medical examination was performed within those 30 days before the start of tryouts.

NOTE: "Yes" to any of these questions does not mean automatic disqualification from the athletic activity. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

History since last physical:

- | | | |
|---|-----------|----------|
| 1. Has the student had any injuries requiring medical attention? | Yes _____ | No _____ |
| 2. Has the student had any illness lasting more than 5 days since your last physical? | Yes _____ | No _____ |
| 3. Is the student taking medicine or under a physician's care at this time? | Yes _____ | No _____ |
| 4. Does the student have any feeling of faintness, dizziness or fatigue after exercise or exertion? | Yes _____ | No _____ |
| 5. Has the student had any surgical operations or fractures since the last physical? | Yes _____ | No _____ |
| 6. Has the student had any treatment in a hospital or emergency room since the last physical? | Yes _____ | No _____ |
| 7. Does the student have asthma? If yes, is student on medication? _____ | Yes _____ | No _____ |
| 8. Has the student developed any allergies? | Yes _____ | No _____ |
| 9. Does the student have any chronic disease (diabetes, seizure disorder, etc.)? | Yes _____ | No _____ |

Comments: Please describe and give the date for any of the above answered "Yes:"

PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named above. The answers are correct as of this date and he/she has my permission to participate.

Parent/Guardian Signature Date Student Signature Date

Work Phone _____ Home Phone _____

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Part B - To be completed by school nurse:

Date of last health appraisal: _____ PE Excuses _____

Burnt Hills-Ballston Lake Central Schools

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____
 School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal:

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____ *Referral*

| | | | | |
|--|--|---|---|--|
| Body Mass Index: _____ | Vision - without glasses/contact lenses | R | L | |
| Weight Status Category (BMI Percentile): | Vision - with glasses/contact lenses | R | L | |
| <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th | Vision - Near Point | R | L | |
| <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher | Hearing <input type="checkbox"/> Pass 20 db sc both ears or: | R | L | |

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

(Stamp below)

Provider's Signature: _____ Phone: _____

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____