

## **Washington Street Sculling Camp Information**

Coach Craig Hoffman and Staff will be holding a Sculling Camp at 601 Washington Street, Conshohocken, PA for both NEW and EXPERIENCED rowers. Rowers must be going into 8th grade or higher to row. The camp is designed to teach and advance each rower's individual technical skills in three, two-week sessions over the summer.

The four, two-week sessions are as follows:

Session 1:

June 18th to July 6th

Session 2:

July 9th to July 20th

Session 3:

July 23rd to August 3rd

Session 4:

August 6th to August 18th

These sessions will be Monday through Friday from 12 PM to 3 PM. The cost for each two-week session is \$400.

Practice times will be in the afternoon with a detailed schedule yet to be determined (morning or afternoon sessions with sufficient demand). Practice will consist of both technical and physical training. There will be the use of videotape and land demonstrations as tools for teaching,

Campers will have the opportunity to race at one regatta during the six weeks.

Each rower will be required to have waivers signed, indicating they are healthy to train and have the ability to swim. Waivers are due prior to camp.

For further information or questions, please contact Coach Craig Hoffman at 610-812-6957 or [choff69845@aol.com](mailto:choff69845@aol.com)

## 601 Washington Street Sculling Camp

### Camper Information:

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

School Currently Attending \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Grade Entering \_\_\_\_\_

Current Age \_\_\_\_\_

### Parent Information:

Mother's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Father's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Parent Email: \_\_\_\_\_

Mother's Phone Number: (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's Phone Number: (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Session Information:

Please indicate which session the camper will be attending:

Session 1:  
June 18th to July 6th

Session 2:  
July 9th to July 20th

Session 3:  
July 23rd to August 3rd

Session 4:  
August 6th to August 18th

A non-refundable deposit of \$400 is required in order to reserve a place.

Send To:

601 Washington Street Sculling  
840 Heatherstone Drive,  
Berwyn, PA, 19312

# 601 Washington Street Sculling Camp

## CONSENT/EMERGENCY PERMISSION FORM

IN CONSIDERATION of permission to participate in the 601 Washington Street Sculling Camp and related events and activities, I acknowledge that:

1. *By virtue of my attendance and/or participation I risk bodily injury, paralysis, dismemberment, and death, and other loss including damage to property. I understand that my attendance and/or participation in this event may result in my being struck by a crew shell, slipping and/or falling on a dock, falling into the water, heat exhaustion, hypothermia and/or drowning. These injuries are some, but not all of the possible injuries I could sustain.*
2. *I knowingly and freely assume all such risk.*
3. *I release, hold harmless and promise not to sue the 601 Washington Street Sculling Camp, its officers, officials, agents, employees, and sponsors, with respect to any such injury, paralysis, dismemberment, death, or loss except that injury or loss which results from the gross negligence of willful or wanton misconduct of one of those individuals or organizations.*
4. *I understand that rowing is an extremely physically demanding sport, and I have cleared by family physician. I am in proper condition to compete and/or participate in such and event. I understand that I may be required to row several times during an event, and once I have been trained sufficiently, and I am in good shape, for this task. I am able to pass a swim test; I understand that rowing requires me to be outdoors and that I am in proper condition to withstand exposure to the elements, even on a very cold or very hot day.*
5. *I agree to be responsible for any uninsured damage to the property of others I have caused in whole or in part during the Summer Program.*
6. *If any portion of this Waiver shall be deemed to be invalid, the remainder of this Waiver shall remain in force for the period of one year from the date signed below.*

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name (print): \_\_\_\_\_

### For Participants of Minority Age:

If the participant is **less than 18 years of age**, then the parent or legal guardian must also sign below. (The participant must still sign where indicated above.)

*This is to certify that, as parent/guardian of this volunteer/participant, I do consent to his/her waiver and release as set forth above.*

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

Parent/Guardian Name (print): \_\_\_\_\_

Relationship: \_\_\_\_\_

I give permission to the 601 Washington Street Sculling Camp Staff to have my child \_\_\_\_\_ treated in a medical emergency.

Parent Signature \_\_\_\_\_ (emergency phone # \_\_\_\_\_)

HOME ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

PHONE # \_\_\_\_\_

If an emergency arises, list 2 people who can be notified:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE # (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE # (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

DOES THE CAMPER HAVE ANY KNOWN ALLERGIES TO ANY FOOD OR MEDICATION?

YES  NO

If yes, please list the food and/or medication

\_\_\_\_\_

Give the date of the latest DPT or Tetanus Toxoid Injection. \_\_\_\_\_

(If latest injection exceeds seven years, we recommend an injection prior to camp)

Does camper have any ongoing disease, physical disability, or recurring illness that may affect or impair his participation?  Yes  No

**If yes, please attach a physician's note describing the disability and specific limitation for participation.**

Is the camper covered by medical insurance?  Yes  No

If yes, please list the following:

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

## CONSENT/EMERGENCY PERMISSION FORM

**(This Document needs to be on hand during Camp)**

Parental Consent for All Campers participating in the Camp

We, \_\_\_\_\_

## **Craig Hoffman**

### **Head Rowing Coach Malvern Preparatory School 1997- present**

21 Scholastic and USRowing National Rowing Championships

32 Philadelphia City Rowing Championships

11 Stotesbury Regatta Championships

Henley Royal Regatta, England

Fawley Challenge Cup 2003 Finals, 2005, Quarter Finals, 2007 Quarter finals,  
2008 Semi- finals

4 Malvern athletes competed for the USA at the 2004 and 2006 Junior World Championships in Spain and the Netherlands. 4 Malvern rowers won gold for the USA at the 2003 CanAmMex Regatta, Monterey, Mexico, 4 Malvern athletes racing for the USA won gold at the 2004 CanAmMex regatta in Montreal, Canada in a three country regatta.

### **Head Junior Rowing Coach Undine B.C. 1992-1996**

#### **USA Junior National Team Rowing Coach : Junior World Rowing**

**Championships** : 1993 Norway, 1994 Germany, 1995 Poland, 1996 Scotland,  
2000 Croatia, 2001 Germany,

**USA Head Rowing Coach** , Maccabiah Games, Israel 1997, 2009 15 Gold medals, 1 Bronze

### **Chairman: USRowing Junior National Men's Rowing Committee 1999-2009**

**Co-Chairman USRowing Junior High Performance Committee** / in charge of USA Junior Boys and Girls' International Rowing 2009- present

**Board of Directors - Scholastic Rowing Association of America 2007-present**