

Simmons Crew

Freshman Orientation Clinic

August 27-29, 2009

Join Simmons Crew Head Coach Nikolay Kurmakov and Simmons Novice Coach Naomi Rudov for a great introduction to our Division III Varsity rowing program. Find out what rowing at Simmons is all about!

Simmons Crew offers this fall clinic for all incoming freshmen that are interested in rowing. Freshman Orientation Crew Clinic rowers may move into the dorms several days early, meet their coaches and varsity teammates, and will learn to row on the beautiful Charles River from our program's home at Riverside Boat Club.

Take advantage of a great opportunity to try a new sport, whether or not you rowed or played sports in high school! Our team members come from diverse athletic backgrounds, and have become competitive athletes as members of Simmons Crew.

Not athletic, but love to compete? If you are below 5'4" and weigh 125 pounds or less, you could be a fantastic coxswain—responsible for steering and race plan execution.

If you are unable to attend the Crew Clinic but want to row, there will be a meeting for all new rowers during the first week of class. Please contact a coach for information.

Tuition: \$270

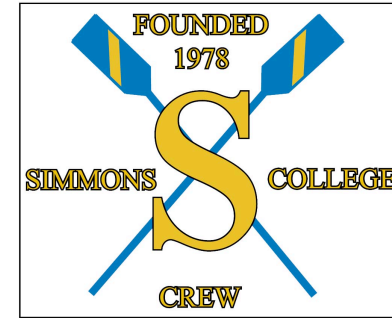
Tuition includes instruction, transportation to and from boathouse, and the following meals: dinner on day one, breakfast lunch and dinner on day two. Meal plans begin on August 31 (day three). Also included: Simmons water bottle and t-shirt, movie ticket.

Please make checks payable to: Simmons College Crew.

*We cannot accept registration without full payment. **Deadline is August 1, 2009**

Complete the consent form and Swim Test and return to:
Simmons College Athletics (Crew Clinic)
300 The Fenway, Boston, MA 02115

Contact Novice Coach Naomi Rudov with any questions at:
(617) 521-1025 OR naomi.rudov@simmons.edu



Clinic Schedule

Day One – Thursday, August 27

8:30am-4:30pm – Move In

6:00pm – Meet Coaches and Team for Dinner at Bartol

7:00-9:00pm – Introduction to rowing at Holmes Sports and Fitness Center

Day Two – Friday, August 28

8:00am – Breakfast at Bartol

9:00-11:30am – Equipment orientation and rowing session on the Charles River

12:00pm – Lunch at Bartol

2:00-4:30pm – Rowing session on the Charles River

5:30-6:30pm – Dinner at Bartol

7:30pm – Movie with team at Fenway Cinemas

Day Three – Saturday, August 29

8:00am – Breakfast at Bartol

9:00-11:30am – Rowing session on the Charles River

12:00pm – Lunch at Bartol

2:00-4:00pm – Rowing session on the Charles River

5:00-6:00pm – Dinner at Bartol

PM – Team Activity!

Consent Form

Personal Information

Name: _____

Address: _____

Campus Address: _____

Day Phone: _____

Cell Phone: _____

Email: _____

DOB: _____

Previous Athletics Experience: _____

Physical Limitations: _____

Why are you interested in rowing at
Simmons?

Please read and sign: I understand the nature of rowing and swimming activities and the minor/my experience and capabilities and believe the minor/myself 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 Simmons College and its trustees, officers, employer, attorneys, insurers, agents, affiliates, administrators and assign (the "Releasee(s)") from and all liabilities, claims, demands, losses, damages, costs, expenses, actions or causes of actions of every nature, character and description (the "Claims"), arising from, related to or in connection with the minor's participation in the Simmons College Crew Clinic program, including, without limitation, Claims caused or alleged to be caused in whole or in part by the negligence of the Releasee(s) or otherwise, including negligent rescue 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 Releasee(s), I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasee(s) from any litigation expenses, attorney fees, loss liability, damage or cost and may occur as the result of any such Claim.

Printed Name of Parent/Legal Guardian:

Signature of Parent or Legal Guardian:

Printed Name of Participant:

Signature of Participant:

Date: _____

Swim Test

Please have a certified lifeguard Sign below.

**Participant has met the following requirements:
Is able to swim 100 meters non-stop, any stroke.
Is able to tread water non-stop for a minimum of 5 minutes.**

I certify that

(Participant Name)

Has completed and passed the swim test above.

Lifeguard Name:

Lifeguard Signature:

Name and Location of Pool:

Date: _____