

SCHOOL GROUP ROWING PROGRAMS TERMS 2 & 3 BOOKING & INFORMATION FORM

When and how to book

Bookings are best made at least one school term in advance.

This program is only available during Terms 2 and 3 of the school year.

Once you have selected the term and day you wish to book, please give Rowing School Victoria a call on **0415 803 032** to discuss the details of your booking and confirm that these dates are available.

If the dates are available, you must then complete the booking form, either email it, post it, or fax it to us on **9806 4220**.

Please include the **\$100 deposit**. Receipt of deposit will be confirmed. Balance of payment is due prior to commencement of the program.

Guidelines for School Group Rowing Programs – Terms 2 & 3

Please note the following conditions:

- Participants must be 12 years of age minimum – NO EXCEPTIONS
- Participants must be able to swim at least 100 metres.
- Available Term 2 and Term 3 of the school year only.
- Dates and times to be arranged prior to commencement of program.
- Lesson length to be determined based on your individual needs.
- Selected sessions times are to be scheduled in between 8.00am – 4.00pm.
- **Minimum number of participants 4; Maximum number of participants 24** (dependent on rowing ability).

All participants need to sign and return the Rowing School Victoria waiver form that is included in this information pack.

Program Costs

The approximate cost is \$40 per person for 2 hours.

The final cost will be determined once the details of the booking are known.

A **\$100 deposit** must be made at the time of booking.

Cancellation Policy

A cancellation policy applies at Rowing School Victoria

- Your \$100 deposit is non-refundable upon confirmation of your booking.
- You will be invoiced for 50% of the value of your booking if cancellation occurs within four weeks of your program date.
- You must pay 100% if cancellation occurs within 7 days of your program date.
- You must pay for the number of people booked. Changes to final numbers are accepted no later than 7 days before the program date (this must be in writing).

What to bring along to your Rowing Sessions

- Rowing Zootie, bike pants or old shorts (nothing loose like basketball pants)
- Water Bottle
- Hat
- Sunscreen
- Sunglasses
- Thongs
- Socks & Runners
- Towel
- Full change of clothes
- Jumper or wet weather top (nothing too good, it may get grease on it)

Location

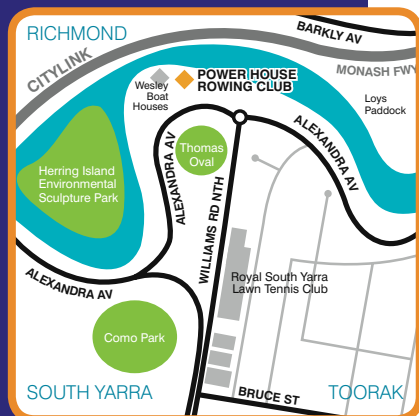
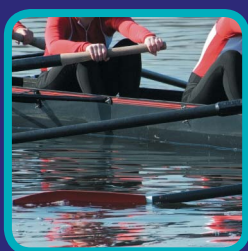
Sessions are conducted out of the *Power House Rowing Club*, Alexandra Avenue, Toorak.

It is located near the South Yarra Tennis Club at the bottom of Williams Road near Como Park.

MELWAYS REF 58 G1 or REF 2M D1

OLYMPIC ROWER & MEDALIST
SUE CHAPMAN POPA DIRECTOR
PERSONAL TRAINER • ROWING COACH

PO Box 592 Malvern VIC 3144
MOBILE 0415 803 032
FAX +61 3 9806 4220
info@rowingschoolvic.com.au
www.rowingschoolvic.com.au





ROWING SCHOOL VICTORIA



ROWING SCHOOL VICTORIA PROGRAMS

- Sunday Beginners Rowing Program
- School Holiday Rowing Programs
Discover Rowing Beginners Program
Sculling Program
- Corporate Rowing Programs
- School Group Rowing Programs
– Terms 2 and 3
- Weekly Group Rowing Programs
– Monday to Friday
- Disability Rowing Programs
- Individual Sessions
- Crew Coaching
- Video Assessment

PERSONAL TRAINING

- One-on-one or groups available
- General fitness, weight loss, strength and endurance

REGATTAS

- Hosting, event management and tours

SCHOOL GROUP ROWING PROGRAM – TERMS 2 & 3 BOOKING FORM

Please fill in this form and then send it to Rowing School Victoria with **\$100 deposit**.

Fax **(03)9806 4220** email **info@rowingschoolvic.com.au**

or mail to **PO Box 592, Malvern VIC 3144**

Group or School Name _____

Address _____

Phone _____ Fax _____

Email _____

Group or School Contact Name _____

Direct Phone Number _____

Direct Email Contact _____

Total No. of Participants _____ (@ \$ _____ pp*) **Total Amount due \$** _____

**Final numbers needed 7 days prior commencement of program. Cost varies depending on group size, session lengths and individual needs.*

Program Details Selected

Selected School Term _____ **Year** _____

Selected Day/s Mon Tue Weds Thurs Fri (please tick)

Selected Time start _____ – finish _____ (between 8.00am and 4.00pm)

Selected Dates

1) _____ 2) _____ 3) _____ 4) _____

5) _____ 6) _____ 7) _____ 8) _____

Please provide the names of the participants (Minimum of 4 and a maximum of 24 participants, depending on rowing ability). Each participant must complete and return the waiver form.

Agreement

As a designated representative of the school/group, I wish to confirm that I have read the booking information supplied by Rowing School Victoria and understand the obligations relating to our booking.

I agree on behalf of the school/group, to ensure that these obligations are met. I confirm that I understand that I am authorised to sign on behalf of the school/group and accept responsibility to ensure that this information is distributed as required.

Group or School Representative _____

Position _____

Signature _____ **Date** _____

Payment Options

Deposits and full payments can be made by the following three payment options:

CASH to Sue Chapman-Popa (prior to day of program)

CHEQUE Payable to S.C. POPA

PAYPAL suechapmanpopa@yahoo.com

DIRECT BANK DEPOSIT details are as follows:

Account Name: S C Popa

Bank: Commonwealth Bank

Branch: Malvern

BSB: 063 143

Account Number: 1014 2313

I enclose my bank receipt for payment made on:

____ / ____ / ____ for \$ _____ total.

The reference must include your name. If you are unable to supply a printout of the payment receipt with reference as requested above, you must email Rowing School Victoria at info@rowingschoolvic.com.au or call Sue on 0415 803 032 and advise that payment has been made. If you cannot provide proof then it may be deemed unpaid.

IMPORTANT

Each participant taking part in the School Group Rowing Programs – Terms 2 & 3 must complete the waiver form on the following page.



ROWING SCHOOL VICTORIA



WAIVER, INFORMED CONSENT, AND COVENANT NOT TO SUE

Sue Chapman Popa/Rowing School Victoria Waiver, Release and Assumption of Risk

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

I, _____, have volunteered to participate in a program of physical exercise under the direction of Sue Chapman-Popa/Rowing School Victoria, which will include, but may not be limited to, rowing (sweep and sculling), ergometers, sessions in the rowing tank, general exercise, all weight and/or resistance training. In consideration of Sue Chapman-Popa/Rowing School Victoria agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Sue Chapman-Popa/Rowing School Victoria, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT AND (3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.

Assumption of Risk

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and – in rare instances – death.

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I, _____, have chosen not to obtain a physician's permission prior to beginning this exercise program with Sue Chapman-Popa /Rowing School Victoria, I hereby agree that I am doing so at my own risk.

- I can swim at least 100 metres. (please tick)
- I have had a tetanus shot in the last 10 years. (please tick)

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST SUE CHAPMAN-POPA/ ROWING SCHOOL VICTORIA FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

Participant's signature _____ Date _____
(guardian/parent to sign if participant's under 18 years)

Please print name _____ (guardians and parents only),
on behalf of _____

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