






**INDIVIDUAL SESSION / PRIVATE LESSONS
REGISTRATION FORM**

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



Name of Participant _____

Date of Birth _____

Address _____

Phone _____ Fax _____

Email _____

Ambulance Subscription YES NO

Illnesses, medication etc. that Rowing School Victoria needs to be aware of (e.g. asthma):

Emergency Contact Name _____

Emergency Contact Phone Number _____

Relationship to Participant _____

Payment for Individual Sessions / Private Lessons

ALL LEVELS

Once the rate for the individual session is established with Sue (0415 803 032) please fill in the amount below.

\$ _____ PER PERSON PER SESSION: _____ X Sessions **TOTAL \$** _____



Want to know more about
Rowing School Victoria?
Why not join us online:





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.

PLEASE MAKE SURE YOU RETURN 2 FORMS AND FULL PAYMENT TO COMPLETE YOUR REGISTRATION:

- 1) REGISTRATION AND EMERGENCY CONTACT FORM
- 2) WAIVER, INFORMED CONSENT FORM AND COVENANT NOT TO SUE
- 3) PAYMENT

Cancellation Policy

ROWING SCHOOL VICTORIA "NO SHOW" AND 24 HOUR CANCELLATION POLICY:

All cancellations need to be received directly by Sue Chapman-Popa on **0415 803 032**, by phone or by text message (**not by email**).

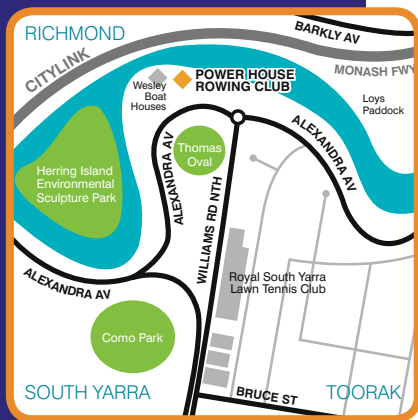
Any "no shows" and cancellations received within 24 hours of the scheduled session time will be charged the full session amount.

What to bring along to your Rowing Sessions

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

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**





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

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 _____