



America Rows Affiliate Application

INSTRUCTIONS: Thank you for your interest in USRowing's America Rows program. This application should be completed annually to maintain your Club's America Rows affiliation. Please print this out, fill it out, scan and return in an e-mail to: Brett Johnson, Director of Operations, brett@usrowing.org or Deb Arenberg, Adaptive Rowing Program Specialist, deb@usrowing.org. **Please fill out all fields where appropriate.**

1. Contact Information (Person filling out the application)
Please verify the following information:
*First Name:
*Last Name:
*Email Address:
*Address:
Address 2:
*City:
*State:
*Zip:
*Phone:
*Your USRowing affiliation (Club name):
<i>All fields with an asterisk (*) are required.</i>



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2. Organization Info:
*Name of America Rows Program (established or new), e.g. America Rows Cleveland:
*Name of USRowing Organization, e.g. Cleveland Rowing Foundation:
*USRowing Organizational Membership #:
* America Rows (established or new) Program Web address:
* America Rows (established or new) Program Phone:
* America Rows (established or new) Program Email:
* Title of Outreach Director or similar role:
* Outreach Director/Contact First Name:
* Outreach Director/Contact Last Name:
* Phone:
* Email Address:



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3. Rowing Club Description (Please proceed to #4 if not a Rowing Club)																		
How many members are in your Club/organization? _____ (total number)																		
What is your gender breakdown (total # of members in Club)? _____ Male _____ Female																		
<p>What are their ages? (# within age ranges):</p> <p>10-14__ 19-29__ 40-49__ 60-69__ 80-89__ 100+__</p> <p>15-18__ 30-39__ 50-59__ 70-79__ 90-99__</p>																		
<p>Please check off all rowing programs that your Club offers:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Men's Competition</td> <td style="width: 33%;"><input type="checkbox"/> Men's Jr. Sweep</td> <td style="width: 33%;"><input type="checkbox"/> Indoor Rowing</td> </tr> <tr> <td><input type="checkbox"/> Women's Competition</td> <td><input type="checkbox"/> Women's Jr. Sweep</td> <td><input type="checkbox"/> After School</td> </tr> <tr> <td><input type="checkbox"/> Men's Master Sweep</td> <td><input type="checkbox"/> Men's Adaptive</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Women's Master Sweep</td> <td><input type="checkbox"/> Women's Adaptive</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Men's Master Scull</td> <td><input type="checkbox"/> Men's Para</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Women's Master Scull</td> <td><input type="checkbox"/> Women's Para</td> <td></td> </tr> </table>	<input type="checkbox"/> Men's Competition	<input type="checkbox"/> Men's Jr. Sweep	<input type="checkbox"/> Indoor Rowing	<input type="checkbox"/> Women's Competition	<input type="checkbox"/> Women's Jr. Sweep	<input type="checkbox"/> After School	<input type="checkbox"/> Men's Master Sweep	<input type="checkbox"/> Men's Adaptive	<input type="checkbox"/> Other	<input type="checkbox"/> Women's Master Sweep	<input type="checkbox"/> Women's Adaptive		<input type="checkbox"/> Men's Master Scull	<input type="checkbox"/> Men's Para		<input type="checkbox"/> Women's Master Scull	<input type="checkbox"/> Women's Para	
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Does your Club currently host erg and on-water competitions? If not, are you set up to do so? Does your Club want to host erg and on-water competitions?																		
Is your Club ADA-compliant? (ADA: Americans with Disabilities Act)																		
Are your Club's activities and events covered by the local media? ___Yes ___No																		
Do you have a particular story about your Club that you'd like to share with the USRowing community? (Please describe and/or provide a web link. There is also an opportunity to attach PDFs with your application.)																		



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4. America Rows Program (existing or new) Description:
How many members are in your program? _____ (total number)
What is your gender breakdown (total # of members in program)? _____ Male _____ Female
<p>What are their ages? (# within age ranges):</p> <p>10-14__ 19-29__ 40-49__ 60-69__ 80-89__ 100+__</p> <p>15-18__ 30-39__ 50-59__ 70-79__ 90-99__</p>
Does your Club offer after-school rowing programs? If so, please briefly describe.
<p>What are your America Rows program development needs?</p> <p> <input type="checkbox"/> Equipment <input type="checkbox"/> Volunteers <input type="checkbox"/> Funding <input type="checkbox"/> Adaptive Equipment Overview <input type="checkbox"/> Transportation <input type="checkbox"/> Adaptive Equipment Adjustment/Rigging <input type="checkbox"/> Facility Changes <input type="checkbox"/> Funding <input type="checkbox"/> Disability-Specific Coaching Considerations <input type="checkbox"/> Other </p>
Are your program's activities and events covered by the local media? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have a particular story about your program that you'd like to share with the USRowing community? (Please describe and/or provide a web link. There is also an opportunity to attach PDFs with your application.)</p>
Indicate the percentage of your program's members who are on the Federal Free or Reduced Lunch Program _____%



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5. Adaptive Programs, More Detail								
<p>Does your Club offer adaptive rowing programs? If so, please check all that apply by the type of programs that serve people who have:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Parkinson's Disease</td> <td style="width: 50%;"><input type="checkbox"/> Intellectual or Cognitive Disabilities</td> </tr> <tr> <td><input type="checkbox"/> Autism Spectrum Disorder</td> <td><input type="checkbox"/> Mental Illness (e.g. Depression, PTSD)</td> </tr> <tr> <td><input type="checkbox"/> Sight or Hearing Impairment</td> <td><input type="checkbox"/> Cancer or Cancer Survivors</td> </tr> <tr> <td><input type="checkbox"/> Obesity</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Intellectual or Cognitive Disabilities	<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Mental Illness (e.g. Depression, PTSD)	<input type="checkbox"/> Sight or Hearing Impairment	<input type="checkbox"/> Cancer or Cancer Survivors	<input type="checkbox"/> Obesity	<input type="checkbox"/> Other
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<input type="checkbox"/> Obesity	<input type="checkbox"/> Other							
<p>List the numbers of enrolled rowers in the adaptive programs by type of disability:</p> <table style="width: 100%; border: none;"> <tr> <td>LTA-PD ___</td> <td>LTA-HI ___</td> </tr> <tr> <td>LTA-VI ___</td> <td>TA ___</td> </tr> <tr> <td>LTA-ID ___</td> <td>AS ___</td> </tr> </table> <p>NOTE: These categories refer to FISA-classified sport groups. See: http://www.usrowing.org/NationalTeams/ParalympicParaRowingNationalTeam/ParaRowingClassification.aspx</p>	LTA-PD ___	LTA-HI ___	LTA-VI ___	TA ___	LTA-ID ___	AS ___		
LTA-PD ___	LTA-HI ___							
LTA-VI ___	TA ___							
LTA-ID ___	AS ___							
<p>Describe the Club's existing /potential relationships with nearby VA or private rehab facilities.</p>								
<p>List the basic adaptive equipment currently being used:</p>								
<p>Describe your program's adaptive equipment needs. Please specify indoor or on-water.</p>								
<p>How many volunteers or support people currently assist your adaptive program?</p>								
<p>Do you need help with evaluating your facility's accessibility for rowing?</p>								



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6. Census Data

Please provide the following demographic information for your rowing Club in the sections below. The numbers you provide should reflect demographic distribution as of December 31, last year. Every Quadrennial the United States Olympic Committee requires all National Governing Bodies (NGBs) to submit a report regarding participation of women, disabled individuals, and racial /ethnic minorities in athletics, governance and management activities.

7. Rowing Club's Board of Directors (if there are none, please enter the number zero)(*Required)

	<i>Male</i>	<i>Female</i>
*American Indian or Alaska Native	<input type="text"/>	<input type="text"/>
*Asian	<input type="text"/>	<input type="text"/>
*Black/African American (Not of Hispanic Origin)	<input type="text"/>	<input type="text"/>
*Hispanic or Latino	<input type="text"/>	<input type="text"/>
*Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>
*White (Not of Hispanic Origin)	<input type="text"/>	<input type="text"/>
*Two or More Races	<input type="text"/>	<input type="text"/>



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8. Rowing Club's Professional and Volunteer Staff (if there are none, please enter the number zero)(*Required)		
	<i>Male</i>	<i>Female</i>
*American Indian or Alaska Native	<input type="text"/>	<input type="text"/>
*Asian	<input type="text"/>	<input type="text"/>
*Black/African American (Not of Hispanic Origin)	<input type="text"/>	<input type="text"/>
*Hispanic or Latino	<input type="text"/>	<input type="text"/>
*Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>
*White (Not of Hispanic Origin)	<input type="text"/>	<input type="text"/>
*Two or More Races	<input type="text"/>	<input type="text"/>



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9. America Rows Program Membership (if there are none, please enter the number zero)(*Required)		
	<i>Male</i>	<i>Female</i>
*American Indian or Alaska Native	<input type="text"/>	<input type="text"/>
*Asian	<input type="text"/>	<input type="text"/>
*Black/African American (Not of Hispanic Origin)	<input type="text"/>	<input type="text"/>
*Hispanic or Latino	<input type="text"/>	<input type="text"/>
*Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>
*White (Not of Hispanic Origin)	<input type="text"/>	<input type="text"/>
*Two or More Races	<input type="text"/>	<input type="text"/>



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10. People with Disabilities at Your Club

Please provide the demographic information. The numbers you provide should reflect demographic distribution as of December 31, last year.

Number of People with Disabilities on the following:

	<i>Male</i>	<i>Female</i>
Board of Directors	<input type="text"/>	<input type="text"/>
Executive Committee	<input type="text"/>	<input type="text"/>
Standing Committees	<input type="text"/>	<input type="text"/>
Professional Staff	<input type="text"/>	<input type="text"/>
General Membership	<input type="text"/>	<input type="text"/>
National Team Athletes	<input type="text"/>	<input type="text"/>
National Teams Staff (Coaches, etc.)	<input type="text"/>	<input type="text"/>



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11. Military Veterans

Please provide the demographic information. The numbers you provide should reflect demographic distribution as of December 31, last year. This section is *OPTIONAL*, please skip if you do not have this data.

Number of Veterans on the following:

	<i>Male</i>	<i>Female</i>
Board of Directors	<input type="text"/>	<input type="text"/>
Executive Committee	<input type="text"/>	<input type="text"/>
Standing Committees	<input type="text"/>	<input type="text"/>
Professional Staff	<input type="text"/>	<input type="text"/>
General Membership	<input type="text"/>	<input type="text"/>
Adaptive Membership	<input type="text"/>	<input type="text"/>
National Team Athletes	<input type="text"/>	<input type="text"/>
National Teams Staff (Coaches, etc.)	<input type="text"/>	<input type="text"/>



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ATTACHMENTS (OPTIONAL):

Add up to three attachments in PDF format further describing your answers to the questions above (if needed), share a story or news article, or provide additional information you feel is important to include.

WHERE TO SEND YOUR APPLICATION:

When you are ready, scan and e-mail your application (with attachments, if any) to Brett Johnson, Director of Operations, brett@usrowing.org, or Deb Arenberg, Adaptive Rowing Program Specialist, deb@usrowing.org. You will receive a response within 30 days on the status of your application.

Thank you.