

**CLWSST Membership
Forms Packet
for Members 17 years and under**

**Please print and complete for
EACH minor member**

Chippewa Lake Water Ski Show Team
Emergency Contact & Medical Information-Minor

Parent/Guardian Member Must Complete a Separate Form for Each Child/Minor

<hr/> <p style="text-align: center;">Child/Minor Name</p>	⌚	Male	⌚	Female	<hr/> <p style="text-align: center;">Date of Birth</p>
<hr/> <p style="text-align: center;">Member Parent/Guardian Name</p>	<hr/> <p style="text-align: center;">MEDICATIONS YOU ARE CURRENTLY TAKING</p>				
() Cell Phone	<hr/> <p style="text-align: center;">ALLERGIES (MEDICATION, FOOD, INSECT BITES, OTHER) – If None, Please Write “None”</p>				
() Home Phone	<hr/> <p style="text-align: center;">ALLERGIES (Cont)</p>				
<hr/> <p style="text-align: center;">Address</p>	<hr/> <p style="text-align: center;">ANY OTHER MEDICAL/HEALTH CONSIDERATIONS</p>				
<hr/> <p>City</p>	<hr/> <p>State</p>	<hr/> <p>Zip</p>	<hr/> <p style="text-align: center;">ANY OTHER MEDICAL/HEALTH CONSIDERATIONS</p>		

Alternative Emergency Contacts

<hr/> <p style="text-align: center;">Primary Emergency Contact Name</p>	<hr/> <p style="text-align: center;">Secondary Emergency Contact Name</p>		
() Cell Phone	() Home Phone	() Cell Phone	() Home Phone
<hr/> <p style="text-align: center;">Relationship</p>	<hr/> <p style="text-align: center;">Relationship</p>		

Medical Information

<hr/> <p style="text-align: center;">Hospital/Clinic Preference</p>	<hr/> <p style="text-align: center;">Insurance Under Parent/Individual Name</p>
<hr/> <p style="text-align: center;">Physician's Name</p>	<hr/> <p style="text-align: center;">Physician's Phone Number</p>
<hr/> <p style="text-align: center;">Insurance Company</p>	<hr/> <p style="text-align: center;">Policy # () Phone</p>

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I release the Chippewa Lake Water Ski Show Team and individuals from liability in case of accident during activities related to the Chippewa Lake Water Ski Show Team, as long as normal safety procedures have been taken.

Member Parent/Guardian Signature

Date Signed

CHIPPEWA LAKE WATER SKI SHOW TEAM
PARENT/INDIVIDUAL MEMBER HEALTH QUESTIONNAIRE
To be completed by each parent/individual for the minor

CHILD NAME: _____ D.O.B: _____

Parent/Guardian Name on Membership: _____

CHILD FAMILY HISTORY: *(Includes natural siblings, parents, and grandparents)*

Diabetes Heart Disease High Blood Pressure Stroke

Specify Who: _____

Date of last physical exam

In the last 6 months have you taken medication prescribed by your physician? Yes No, if so, please specify _____

Do you smoke? Yes No If so, how much _____ packs/day.

How many times a week do you water skiing? 0 1 2 3 4 5 6 7 more _____

How would you rate your present level of aerobic fitness? Poor Fair Average Good Excellent

YES NO *(Please ✓ yes or no)*

1. Has your doctor ever said you have heart trouble?
2. Do you frequently have pains in your heart or chest?
3. Do you often feel faint or have severe spells of dizziness?
4. Has your doctor ever said your blood pressure was high?
5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated?
By water skiing, or might be made worse with water skiing.
6. Is there any good physical reason not mentioned here why you should not follow a water skiing program even if
you wanted to? (i.e. cancer, diabetes, surgery, etc.)
7. Are you over the age 65?

INFORMED CONSENT FOR WATER SKIING PARTICIPATION

I and my guardian child, desire to engage voluntarily in the Chippewa Lake Water Ski Show Team water skiing program. I understand that the activities are designed to place a gradually increasing work load on the cardio respiratory system and to thereby attempt to improve its function. The reaction of the cardio respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the water skiing. These changes might include abnormalities of blood pressure or heart rate.

I and my guardian child, understand that the purpose of the water skiing program is to develop and maintain cardio respiratory fitness, body composition, flexibility, and muscular strength and endurance. Specific water skiing programs are available based on my needs, interests, and if necessary my doctor's recommendations. All water skiing programs include warm-up water skiing at target heart rate, and cool-down. The programs may involve water skiing, walking, jogging, or swimming; participation in water skiing fitness. All programs may place a gradually increasing work load on the body in order to improve overall fitness.

I and my guardian child, understand that I am responsible for monitoring my own condition throughout the water skiing program and should any unusual symptoms occur, my guardian child will cease my participation and inform the safety director.

In signing this consent form, I and my guardian child, affirm that I have read this form in its entirety and that I and my guardian child understand the nature of a water skiing program. I and my guardian child also agree that my questions regarding a water skiing program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in a water skiing program, I and my guardian child agree to consult my physician and obtain written permission from my physician or sign an assumption of risk form prior to the commencement of any water skiing program.

Also, in consideration for being allowed to participate in an water skiing program at Chippewa Lake Water Ski Show Team, I and my guardian child agree to assume the risk of such water skiing, and further agree to hold harmless Chippewa Lake Water Ski Show Team and its members conducting the water skiing program from any and all claims, such losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the water skiing program.

Signature: _____ **Date:** _____
Parent/Guardian

Witness: _____ **Date:** _____

Chippewa Lake Water Ski Show Team Inc.

Assumption of risk for participating in a water skiing for adults and minor children with contraindications to exercise

Based on your response to the Chippewa Lake Water Ski Team Health Questionnaire, the Chippewa Lake Water Ski Show Team Board of Directors advises you not to water ski without clearance from a physician. However, if you choose to water ski, please read and initial the following:

1. I understand and am aware that water skiing is a potentially hazardous activity. I understand that the water skiing activities involve risk of injury and even death, and that I am voluntarily participating in the water skiing program and using equipment and machinery, knowing the danger involved, without the consent of the Board of Directors of the Chippewa Lake Water Ski Show Team, Inc. _____(Initial)
2. I further understand that there are also other remote risks that may be associated with water skiing, despite the fact that a complete accounting of all these remote risks have not been provided to me. It is still my desire to participate in the water ski program. _____(Initial)
3. In case of emergency, I hereby grant the Board of Directors of the Chippewa Lake Water Ski Show Team Inc. and Safety Coordinator and any agent thereof, permission to take all necessary steps required. _____(Initial)

Signature _____

Date _____

Witness _____

Date _____

Committee Membership: Committee participation is vital to the continued success of the team and active participation on a committee is counted towards meeting participation criteria. Please choose from the list of committees below and indicate where you would be willing to help. Every member can assist with committee activities, however, members must be 16 years or older to be a committee member.

Show Committee
Membership Committee
Finance Committee
Public Relations Committee

Safety Committee
Fund Raising Committee
Equipment Committee
Home Team Committee

I would like to assist on the _____ Committee.

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



www.healthyohiprogram.org/concussion

What is a Concussion?

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

Resources

ODH Violence and Injury Prevention Program
www.healthyohioprogram.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



Ohio Department of Health
Violence and Injury Prevention Program
246 North High Street, 8th Floor
Columbus, OH 43215
(614) 466-2144

www.healthyohioprogram.org/concussion

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and health care provider.

I also understand that I/my child must have no symptoms before return to play can occur.

Athlete

Date

Athlete

Please print name



Rev. 01.13

Parent/Guardian

Date

Signature

Parent/Guardian

Please print name