

# **CLWSST Membership Forms Packet for Members 18 years and over**

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

Chippewa Lake Water Ski Show Team

**Emergency Contact & Medical Information-Parents & Adult Individuals**

Each Parent/ Adult Individual Member Must Complete a Separate Form

Male  Female

Member Parent/Individual Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member Parent/Individual Email Address \_\_\_\_\_ MEDICATIONS YOU ARE CURRENTLY TAKING \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ ALLERGIES (MEDICATION, FOOD, INSECT BITES, OTHER) – If None, Please Write "None"  
Cell Phone

(\_\_\_\_\_) \_\_\_\_\_ ALLERGIES (Cont)  
Home Phone

Address \_\_\_\_\_ ANY OTHER MEDICAL/HEALTH CONSIDERATIONS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ANY OTHER MEDICAL/HEALTH CONSIDERATIONS \_\_\_\_\_

**Alternative Emergency Contacts**

Primary Emergency Contact Name \_\_\_\_\_ Secondary Emergency Contact Name \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Home Phone Cell Phone Home Phone

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

Hospital/Clinic Preference \_\_\_\_\_ Insurance under Parent/Individual Name \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

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/Individual Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**CHIPPEWA LAKE WATER SKI SHOW TEAM**  
**PARENT / ADULT INDIVIDUAL MEMBER HEALTH QUESTIONNAIRE**  
**To be completed by each parent/individual**

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Master Name on Membership: \_\_\_\_\_

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

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of a water skiing program. I 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 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 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:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Go to [www.chippewaskiteam.com](http://www.chippewaskiteam.com) under the Join Tab for additional copies of this form.

## 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.

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

