



Orrville YMCA Swim Team Registration Form

Name _____ Birth date _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

School _____ Grade _____ Age _____

Swimming Experience Yes No If yes, # of years _____ Where _____

High School swimmer? Yes No If yes, will he/she be at YMCA Meets? Yes No

YMCA Membership #: _____ Expiration date: _____

My child's best strokes are: Free Butterfly Breast Back

My child needs work on: Free Butterfly Breast Back

T-shirt size _____

(OVER)

Agreement:

1. I hereby certify that my child is in normal health and capable of safe participation in the sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program.
2. I support the YMCA Youth Super Sports philosophy, which is based on participation, fun, physical fitness and health, skill development and teamwork, fair play, family involvement, and volunteer leadership.

Waiver and Permissions

Y N I give permission for my child to be included in publicity pictures connected with the program including those used on our website and Facebook page.

Y N I give my permission for my swimmer’s name, address, phone number and email to be listed on the team roster.

I, the undersigned parent/guardian, do hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in the Orrville YMCA Swim Team program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions expressly including but not limited to the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of the release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns. The Orrville YMCA is not responsible for misplaced or stolen items.

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

The packet is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new packet. **New Lindsey’s Law forms must be signed annually along with this review.**

Parent/Guardian Initials	Date of Initials	Coach/Designee Initials	Date of Initials
Parent/Guardian Initials	Date of Initials	Coach/Designee Initials	Date of Initials
Parent/Guardian Initials	Date of Initials	Coach/Designee Initials	Date of Initials

Orrville YMCA Swim Team Emergency Medical Authorization

Purpose—to allow parents/guardians to authorize the provision of emergency treatment for a child who becomes ill or injured while participating in the Orrville YMCA swim team, when parents or guardians cannot be reached.

Swimmer's name _____ Phone _____

Address _____ Zip _____

Sex **M** or **F** Date of Birth _____ / _____ / _____ Age _____

School _____ Grade _____

Residential Parent/Guardian:

Mother _____ Cell _____

Email _____ Work _____

Father _____ Cell _____

Email _____ Work _____

Other _____ Cell _____

Email _____ Work _____

In case of emergency, when residential parent(s)/guardian cannot be reached please contact the following person(s). (Please list names in order of priority and have permission of contact before listing).

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

Please list any significant health problem that might be important to a physician when evaluating your child/ward in case of emergency.

Please list any allergies to medications, foods, etc _____

Please list any current medications _____

Y or N Does swimmer have asthma/difficulty breathing?

Y or N Does swimmer have a prescribed an inhaler or epipen?

Y or N Does swimmer wear contact lenses?

Y or N Does swimmer have medical insurance? Insurance Co _____

_____ Date of last tetanus shot

To Grant Consent and Permission to Transport

I do hereby give consent for the following medical care providers and local hospitals to be called.

Dentist _____ Phone _____

Doctor _____ Phone _____

Hospital _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any medical treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer/transportation of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted.

The Orrville YMCA Swim Team has permission to secure emergency transport for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

By signing this, I also give permission to the Orrville YMCA swim team coaches to share my child's health/medical concerns (past/present) with fellow coaches/club personnel on an "as needed to know" basis, unless I notify them in "writing" that I do not want it shared.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

Orrville YMCA Swim Team Code of Honor:

I understand that it is an honor and a privilege to participate in and represent the **Orrville YMCA Swim Team**. Therefore, I agree at all times to conduct myself appropriately and honorably, both at the Orrville YMCA and when attending functions away from the Y.

As a member of the **Orrville YMCA Swim Team**:

- I agree to conduct myself in a mature, courteous, responsible and exemplary manner.
- I recognize that the reputation of the Y is affected by and dependent upon my conduct and behavior.

In order to facilitate a pleasant, healthy and safe experience for all participants, to foster team unity and spirit, and to enhance the reputation of the **Orrville YMCA Swim Team**:

- I will conform to all rules, regulations and procedures announced by the OYST (Orrville YMCA Swim Team) staff.
- I will compete and participate in all of the events assigned to me by the coaches to the best of my abilities.
- I will not in any endanger the safety of another participant.
- I will treat my teammates with the same dignity and respect that I would expect to get from my teammates.

I further acknowledge that the following conduct is unacceptable and will **NOT** be tolerated at either practices or swim meets:

- Roughhousing and/or horseplay on the pool deck, in the swimming pool or in the locker rooms of the YMCA.
- Use of profanity or inappropriate language.
- Inappropriate or unsupervised activities between teammates.
- Disrespectful behavior towards coaches, volunteers, parents or teammates.

I understand that failure to abide by the **Orrville YMCA Swim Team Code of Honor** may result in immediate disciplinary action including but not limited to the following:

- First violation – the swimmer will receive a warning.
- Second violation – the swimmer will be removed from the pool and a discussion with the parent about the behavior in question will ensue.
- If the swimmer continues to violate the Code of Honor, coaches may ban the swimmer from participation on the Swim Team until further notice.

I understand that the OYST coaches will use their best judgment in disciplining swim team participants should the need arise.

I pledge to abide by the Orrville YMCA Swim Team Code of Honor.

Swimmer's Signature

Swimmer's Parent Signature

Swimmer's Printed Name

Swimmer's Parent Printed Name

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Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date