Col. Crawford Summer Swim Team Registration Form

Swimmer's Name	Birth Date (mm/dd/yy)	
Address Street Address	City, State Zip Code	
Parent or Guardian #1	Parent or Guardian #2	
Name	Name	
Cell Phone Add this number to the text msg. group? Yes No	Cell Phone Add this number to the text msg. group? Yes No	
Email Add this email to the list for updates? Yes No	Email Add this email to the list for updates? Yes No	

Parent Volunteers:

Indicate by numbers (1,2,3) your first three choices of job assignment. We will do our best to accommodate your wishes, but please realize that we need to fill every job in order to have the meets run smoothly. Assignments will be posted on the wall at the pool, as well as the Facebook group, in advance of each meet. Once assignments are made, it is your responsibility to find a replacement in the event you cannot fulfill your obligation. At our CC Hawaiian Invitational, we require all parents to work as this is our team fundraiser and the other teams will not be helping to run the meet. Thank you!

Computer/timing system
Concessions (home meets)
Wherever needed

CC Summer Team Fees – Total due first day of practice - \$60.00 Includes: CC team fee, Hawaiian Invitational fees, and GMAC league fee.

Colonel Crawford Summer Swim Team EMERGENCY MEDICAL AUTHORIZATION

Swimmer's Name	Mother's Name
Home Address	Mother's Work Place
Home Phone	Mother's Work Phone
School Attended	Father's Name
Swimmer's Birthday	Father's Work Place
Cell Phone (mom or dad) circle one	Father's Work Phone

Purpose - to enable parents to authorize emergency treatment for children who become ill or injured while under Colonel Crawford Summer Swim Team authority, when parents cannot be reached.

PART I OR II MUST BE COMPLETED

(Part I to grant consent)

the strength to	contact me	(Name) at	(Phone
In the event of reasonable attempts to	(Other Name) at	(Phone Number) have be	een unsuccessful, I
Number) or	dministration of any treatment	t deemed necessary by Dr.	
			it the designated
(Preferred Physician) or Dr.	by another licensed physician	n or dentist; and (2) their transfer of the	child to
preferred practitioner is not available	(Preferred Hospita	al) or 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 before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Parent's Signature

Date

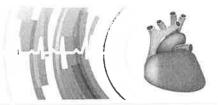
DO NOT COMPLETE PART II IF YOU COMPLETED PART I Part II refusal to consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Col. Crawford Swim Team take no action or to:

Parent's Signature

Date

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 a 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

of Health

- 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
Department	



Greater Mansfield Aquatic Conference Competitor Permission Slip

Before any competitor will be permitted to swim or dive in a meet, this GMAC Competitor Permission Slip must be completed, signed, and returned to the team coach. The \$15.00 annual entry fee is included in the Colonel Crawford summer team fees. No additional fee is needed.

(The monies received from the annual fee are used to defray the cost of awards, officials, and the printing of forms and event cards for the Championship meets.)

GMAC Competitor Permission Slip

As used herein, the term "Released Parties" refers to the Greater Mansfield Aquatic Conference (GMAC), its affiliated pools and their officers, directors, agents, and volunteer workers. "You" and "your" refer to the child named below and the parent or legal guardian whose signature appears below.

In consideration of the Released Parties allowing You to participate in the GMAC Swimming and Diving Conference, You hereby agree You will not hold the Released Parties liable for any accident, injury, death, or loss of property suffered by You while attending GMAC sponsored activities.

(please print clearly)					
Child's Birthdate///					
 I will allow this competitor's photo to be in a team photo on the internet. I will not allow this competitor's photo to be in a team photo on the internet. 					
Legal Guardian or Parent's Signa	ture				
City, State	Zip Code				
Email					
Swim Club	Today's Date				
Diver Only Swimmer and Diver					
R					
a graduating senior) for swimming or diving in ating in GMAC Sweatshirt Size ty consult your coach or GMAC pool rep. participates in his/her first dual meet.	-				
	(please print clearly) Child's Birthdate/ De in a team photo on the internet. to be in a team photo on the internet. ent: Legal Guardian or Parent's Signa Legal Guardian or Parent's Signa City, State Email Swim Club Diver Only Swimmer and Diver City and Diver Sweatshirt Size				