



Please Fill Out Packet and Turn In

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If you have any questions please contact:

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Medical/Hold Harmless Form

Family Name _____

Swimmer Name _____ Date of Birth (xx/xx/xxxx) _____

Parent/Guardian _____

Home # _____ Cell# _____ Work _____

Preferred Email Address _____

Emergency Contact Name _____ Number _____

Family Doctor _____ Number _____

Please list all current medications: _____

Please list any allergies: _____

Please list any medical, behavioral, physical or emotional needs you feel the coaches need to be aware of:

In the event of an emergency, (please check one):

- I do**
- I do NOT**

Give my permission for my child _____ to be transported to a nearby medical facility for care.

Insurance Company _____

Insured's Name _____

Signature of Parent _____ Date _____

(See next page)

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT
("AGREEMENT")**

The Marinole Swim Club reserves the right to terminate this agreement at their discretion.

In consideration for the opportunity to participate in the swim or dive teams (the "activity") at Marinole Swim Club (MSC) and on behalf of my child, and me I agree to the following:

1. We understand the nature of this activity and that my child is in good health and in proper physical condition to participate in this activity.
2. We agree that my child participates in the activity at our own risk and responsibility.
3. We understand that this activity involves risk and dangers of injury and we accept and assume all risks and all responsibilities for losses, costs, and damages we incur because of participating in this activity.
4. We release and discharge MSC, its officers, its employees, its volunteers and agents from any liability or responsibility from any loss, cost or injury suffered by my child as a direct or indirect result of my participation in this activity.
5. We further agree that, despite our execution of this agreement, if we or anyone on our behalf makes a claim against MSC, its officers, its employees, its volunteers or its agents, we will indemnify, save and hold harmless each of the releases from any expenses or costs associated with such claim.
6. We agree to abide by all rules and guidelines set forth by the MSC and the coaching staff for the activity, including, but not limited to, the current Bylaws and Rules & Regulations.
7. We have read over and agree to the concussion handout.
8. We have watched the YouTube video and read the Lindsay's Law handout.

Today's Date _____

Swim Team member's printed name _____

Parent/Guardian's printed name _____

We/I have read this AGREEMENT, understand all terms and conditions of the AGREEMENT, and sign it freely and willingly. If this correct, please indicate with signature.

Parent/Guardian's signature _____

I give permission for my child to have their picture taken and used on MSC material, website, etc. **Parents Initial_____.**

I give permission for my child to have their contact information included on a roster. **Parents Initial_____.**

I agree to volunteer for each meet that my child is swimming in. **Parents Initial_____.**

I have read the Team Policies/Information and Successful Swim Meet Guidelines.

Signature _____ Date _____



MEDICAL CLEARANCE TO RETURN TO PLAY AFTER SUSPECTED CONCUSSION

The State of Ohio requires that a youth athlete, who has been removed from physical participation in an athletic activity, shall not return to physical activity until he or she has been evaluated by a licensed health care professional (LHCP) and receives written clearance from that LHCP authorizing the youth athlete's return to physical participation in the athletic activity. **This form is to be used after an athlete has been removed from an athletic activity due to a suspected concussion.**

Youth Athlete Name: _____ DOB: ____/____/____.

School/Organization: _____ Date of Injury: ____/____/____.

For the concussed athlete, medical clearance will only be provided with completion of a graduated return to play plan. The youth athlete must be completely symptom free and meet criteria for returning to play as defined in the approved guidelines.¹

Date youth athlete completed graduated return to play without recurrent symptoms: ____/____/____.

I HEREBY AUTHORIZE THE ABOVE NAMED YOUTH ATHLETE FOR RETURN TO PLAY TO YOUTH SPORTS ACTIVITY

Licensed Health Care Professional signature: _____ Date: ____/____/____.

Print Name: _____.

Check one MD/DO DACNB/DACBSP/CCSP* Other: _____.

Address: _____.

Name of MD/DO providing consultation/coordination/supervision/referral (if not person completing this form; please print): _____.

¹Guidelines refer to the most recent Consensus Statement on Concussion in Sport (currently the 4th International Conference on Concussion in Sport held in Zurich, November 2012) or with nationally accepted standards and guidelines consistent with that statement.

*Physicians (M.D. or D.O.) and Diplomates in either Chiropractic Neurology or Chiropractic Sports Medicine and Certified Chiropractic Sports Physicians who are listed in the American Chiropractic Board of Sports Physicians (ACBSP) Concussion Registry meet the recommended standards of care and are able to independently clear youth athletes to return to play.

This form may be reproduced and can be found on the Ohio Department of Health's website at:
<http://www.healthy.ohio.gov/vjpp/concussion.aspx>

Greater Dayton Swimming Association

Application for Swimming Competition

GDSA POOL AFFILIATION: _____ EFFECTIVE SWIM YEAR: _____

NAME: _____ BOY: _____ GIRL: _____
(Last) (First) (Middle Initial)

AGE AS OF JUNE 1 OF THIS YEAR _____

DATE OF BIRTH: Month _____ Day _____ Year _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

ELIGIBILITY RULE: (7C)

1. Any paid-up member of a Greater Dayton Swimming Association member pool may be eligible to participate in GDSA Competition for the pool for which they have a paid membership.
2. Each participant will submit a completed application form to be supplied by the Association. This application form **MUST BE TURNED IN** to the Meet Referee **PRIOR TO PARTICIPATION OF THE APPLICANT IN HIS/HER FIRST MEET**. Lifeguards will be considered eligible provided they meet the above eligibility rule and are members of the member pool.
3. Violation of the eligibility rules will result in immediate suspension of the swimmer and possible suspension of the team for that meet or for the season.

In consideration of the acceptance of this application, we, the undersigned participant and parent or guardian, intending to be legally bound, do hereby for ourselves, our heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which we or either or us may hereafter have against the Greater Dayton Swimming Association, Member Pools, and/or their respective officers, agents, representatives, successors, and/or assigns, for any and all injuries or damages which may be suffered by me in connection with, or entry in, and/or arising out of my traveling to or participating in, and returning from meets.

SIGNATURE OF SWIMMER _____ DATE _____

SIGNATURE OF PARENT/
GUARDIAN OF SWIMMER _____ DATE _____

SIGNATURE OF POOL MANAGER _____ DATE _____