

Please Fill Out Packet and Turn In

802 Judith Dr.

Kettering, OH 45429 937-434-3061

If you have any questions please contact:

Sarah Howdeshelt- (937) 470-0484 Deme Crinion- (831) 809-4010 Jen Branquinho- (937) 694-3637 info@clubmarinole.com

Medical/Hold Harmless Form

Family Nan	ne		
<u>Swimmer Name</u>		Date of Birth (xx/xx/xxxx)
			-
			_
Parent/Gua	rdian		
Home #	Cell#	Work	
Preferred E	mail Address		
Emergency	Contact Name	Number	
Family Doct	or	Number	
Please list a	Il current medications:		
Please list a	ny allergies:		
Please list a	ny medical, behavioral,	physical or emotional needs you feel t	he coaches need to be aware of:
	of an emergency, (plea	se check one):	
□ I do □ I do	NOT		
Give my permission for my child facility for care.		childto I	be transported to a nearby medical
Insu	rance Company		
Insu	red's Name		
Signature of	Parent	Da	te

(See next page)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMINITY 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** Intial____.

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

I agree to volunteer for each meet that my child is swimming in. Parents Intial _____.

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

Signature_____



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: <u>http://www.healthy.ohio.gov/vipp/concussion.aspx</u>

Phone: (937) 838-1645 Email: mdobyns@portraitefx.com			Other Items	Price Added to Package	Price Individually
		F	8x10 Magazine Cover – Indiv.	\$13	\$16
		G	Memory Mate PLAQUE	\$18	\$25
www.onthemark.pc	rtraitefx.com	Н	8x10 Individual Photo	\$10	\$13
		I	10- Wallets – Individual	\$10	\$13
Package A		J	4- Photo Magnets - Individual	\$10	\$13
Your Best Buy!	Package B	K	Set of 2 Photo Key Chains	\$13	\$16
8x10 Memory Mate,	Most Popular!	L	1- Cutout Photo Magnet	\$7	\$10
1 Photo Button,	1- 8x10 Memory Mate 1-8x10 Mag Cover,	М	Water Bottle	\$14	\$16
1-8x10 Mag Cover, 2-5x7s, 4-4x5s	2-5x7s, 10 Wallets &	Ν	2- 5x7 Individual Photos	\$10	\$12
10 Wallets &	12 Sports EFX!	Ο	1- Photo Button - Individual	\$8	\$10
12 Sports EFX!	Trader Cards	Р	12 - SportsEFX! Trader Cards	\$12	\$14
Trader Cards	Only \$40	Q	Designer Mousepad	\$14	\$16
Only \$49		R	5-2x8 Game tickets w/player	\$10	\$12
		S	1-Metal DOGTAG	\$12	\$16
(Package D	т	16x20 Memory Mate POSTER	\$33	\$35
Package C	1-8x10 Memory Mate	U	8x10 Team Photo	\$12	\$17
-8x10 Memory Mate	1-5x7, 7 Wallets & 12 Sports EFX!	V	8x10 Memory Mate (Indiv/Team)	\$12	\$17
2-5x7s, 2-4x5s 10 Wallets &	Trader Cards	W	Cutout Statuette (5X7 Individual)	\$13	\$16
12 Sports EFX!	Only \$28	X	Cutout Statuette (8x10 Individual)	\$18	\$25
Trader Cards		Y	Buddy Cutout Statuette (8x10)	\$23	\$30
Only \$35		Ζ	Buddy Cutout Statuette (5x7)	\$16	\$20
y Mates include both an	Package E 1-5x7 & 15 Wallets	AA	50"x60" 2-sided BLANKET	\$75 (Shipping may apply)	\$80 (shipping may apply)
& Team Photo in one 8x10	Only \$20	вв	16x20 Cutout Wall Cling (Individual)	\$45	\$55

FOR CREDIT CARD PAYMENTS: FOR YOUR SECURITY - You may either PREPAY ONLINE at www.onthemark.portraitefx.com or we will

electronically swipe your card on PICTURE DAY.

We'd love to show you off!!	Please sign here if PortraitEFX may feature these portraits in online photo galleries or pror	no
flyers (Sign Here	Date)	

Order Below. Please PRINT! We are not responsible for missing or inaccurate info on personalized items! 1. Exact payment required on Picture Day. 2. Fill out the information below completely for product accuracy. Keep top portion for your records.

3. Each person must have a separate order form. Make Checks Payable to: PortraitEFX Return check fee is \$30.

Player's First Name:	Player's Last Name:		1	[
		Pkg	Qty	PRICE	Total Cost
Team Name: _ _ _ _ _ _ _					
Coach: _ _ _ _ _ _	Age Group				
Position: _ _ _ _ _ _ _ _	_ Uniform #				
Parent's Phone:		-			
Parent's E-Mail:					
			TOTA	L DUE	
FOR TRADER CARDS ONLY: Age:					
Height: Feet inches		Enclose	d is: Cas	h Credit Car	d Check
Weight:	Office Use Only. INDIVIDUAL	_	TE	AM _	

Greater Dayton Swimming Association Application for Swimming Competition

GDSA POOL AFFILIATION:	EFFECTIVE SW	EFFECTIVE SWIM YEAR:			
NAME:(Last)	(First)	(Middle Initial)	BOY:	GIRL:	
AGE AS OF JUNE 1 OF THIS YEA	\R				
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