

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!

- | | |
|---|---|
| <input type="checkbox"/> Timer | <input type="checkbox"/> Computer/timing system |
| <input type="checkbox"/> Official (must be trained) | <input type="checkbox"/> Concessions (home meets) |
| <input type="checkbox"/> Bullpen | <input type="checkbox"/> 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)

In the event of reasonable attempts to contact me _____ (Name) at _____ (Phone Number) or _____ (Other Name) at _____ (Phone Number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (Preferred Physician) or Dr. _____ (Preferred Dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) their transfer of the child to _____ (Preferred Hospital) 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:

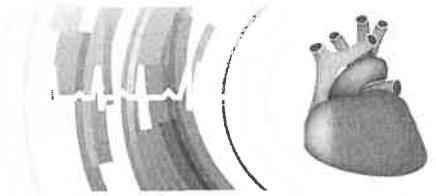
Parent's Signature Date

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
- 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

**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, electronic timers, 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.

My child's full name is _____
(please print clearly)

Age as of June 1, 2023, 12.01AM _____ 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.

I am the child's legal guardian or custodial parent:

_____ Telephone Number _____ Legal Guardian or Parent's Signature _____

_____ Address _____ City, State _____ Zip Code _____

_____ Email _____

Member of _____ Name of Swim Club _____ Today's Date _____

(Circle) Male/Female Swimmer Only Diver Only Swimmer and Diver

PLEASE USE ONE SHEET FOR EACH SWIMMER

If your child is in their **last year** of eligibility* (a graduating senior) for swimming or diving in the GMAC League please indicate their number of years participating in GMAC _____ Sweatshirt Size _____ Preferred name on sweatshirt _____

*If you have any questions concerning eligibility consult your coach or GMAC pool rep.
This slip must be turned in BEFORE your child participates in his/her first dual meet.