

## GENERAL INFORMATION

Last Name	First Name	Middle Initial	Preferred Name
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth	Anticipated Training Group		Training Group (for office use only)
School District and School Name		Grade/Year in School in 2018-19	Year of HS Graduation
If you attend a charter/private/homeschool, which district's break schedule do you follow? _____			
Program Affiliation: <input type="checkbox"/> Returning OSDC Diver <input type="checkbox"/> New to OSDC – Transfer from another club			

## TRAINING AND COMPETITION COMMITMENT

Do you plan to train and compete with OSDC through Junior and Senior Nationals in August 2019? ☐ Yes ☐ No

If you answered "no" to the question above, or if you have activities that may limit your ability to regularly attend practice between September 2018 and August 2019, please explain.

\*It is our expectation that all team divers, including high school seniors, train and compete with the program for the duration of the OSDC season (September 2018 to August 2019). Inability to commit to the team in this way may influence training group placement or acceptance to the team. If you are unable to commit in this way, please let us know now so that we may discuss the situation with you prior to the start of the season.

## BEHAVIOR MANAGEMENT

*This information helps coaches to better understand the needs of each individual diver.*

If this diver has any special needs of which the coaches should be aware and/or you have any suggestions for behavior management, please list these here.

## MEDICAL INFORMATION

*In the case of injury or illness, this information may also be provided to and shared with emergency personnel.*

Medical Insurance Company	Phone Number	ID Number
<input type="checkbox"/> Allergy to a medicine, food, animal, or insect toxin	<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> ADHD (Attention Deficit Hyperactive Disorder)	<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Fainting Spells
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dentures	<input type="checkbox"/> Seizures
<input type="checkbox"/> Autism spectrum disorders	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other

Please explain all of the items checked above:

Please list any medications your child is currently taking, including over-the-counter. Specify if your child will need to take the medication during practice.

Do you know of any health factors that make it advisable for your child to follow a limited program of physical activity or refrain from participating in any aspect of practice? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies, or other physical conditions.

**Medical Release:** In case of emergency or illness involving an Ohio State Diving Club member, every effort will be made to contact that diver's parent(s) or guardian(s). In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers and their designees employed by The Ohio State University or Nationwide Children's Hospital to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary, or to refer to duly licensed medical personnel when indicated.

Signature of Parent/Guardian (if participant is under 18)	Parent/Guardian Name (Diver if 18 or older)	Date
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**DIVERS ON ACCOUNT**

List the names of all divers who should be listed under this OSDC account and for whom you are signing this form:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

Who should we contact first? This person will be the primary contact for paying fees, owning communication and accounting for the good behavior of the diver(s) of this account.

Parent/Guardian (if participant is under 18) Phone Number Account Email Address (list only one)\*

*\*This is the email address that should be used as the primary email address for Team Unify log-in, billing, and email communication.*

*Please list an email address that is checked on a regular basis.*

	Parent/Guardian 1	Parent/Guardian 2
Name		
Address		
City, State & Zip Code		
Cell Phone Number		
Alternate Phone Number		
Email Address		
Employer – Job Title		
Are you a US Citizen?		
Do you work at or attend Ohio State?		
Are you an alumnus of Ohio State?		
Are you a current Rec Sports member? If yes, what name is the membership under?		

Additional Emergency Contact Name & Cell Phone

Relationship to Athlete

**REQUIRED ACKNOWLEDGEMENTS**

**I HAVE READ AND DO FULLY UNDERSTAND AND AGREE TO BE BOUND BY ALL OF THE INFORMATION CONTAINED WITHIN THE DIVE CLUB AGREEMENTS, WHICH WILL ALSO APPEAR IN THE DIVING CLUB HANDBOOK, INCLUDING THE FOLLOWING AGREEMENTS:**

FINANCIAL ACKNOWLEDGEMENT \_\_\_\_\_ (Initial)

CONCUSSION INFORMATION \_\_\_\_\_ (Initial)

RELEASE FORM \_\_\_\_\_ (Initial)

HANDSPOTTING AGREEMENT \_\_\_\_\_ (Initial)

Signature of Parent/Guardian (if participant is under 18)

Date

Participant Signature (if 18 years of age or older)

**PLEASE COMPLETE AND RETURN THE PARENT AGREEMENT (NEXT PAGE) WITH THIS PAPERWORK.  
SEND YOUR COMPLETED PAPERWORK VIA EMAIL TO BAABILLING@OSU.EDU**



### **OSDC Parent Expectations on Communications and Actions**

- 1) All parent communication with coaching staff is to be done through email, phone call at the office (614-688-8341) or by setting up a meeting with coaching staff.
  - Text message is a permissible form of communication by divers only to inform coaches of late arrivals, the need for early departures or absence from practice. Text messages of any other nature will not receive a response.
  - It is not appropriate to talk to the coaches over the balcony at practice unless approached by coaching staff.
- 2) Text messages may be used at meets to inform parents of adjustments to the prearranged schedule from the coaches to the families. Parents are not to use that avenue to communicate messages to coaches at a meet unless to inform a coach of an emergency, illness, injury or late arrival to warm ups.
  - Any question a diver has at a meet can be communicated to coaches at any time by the diver through any avenue.
  - If attending a meet with the coach, they will provide a way for parents and divers to communicate for that meet.
- 3) Parents should refrain from communication with their divers during practice or in the middle of a meet unless there is an emergency that needs to be immediately addressed. Coaches must work with a diver both physically and mentally in those situations. It is extremely important that they are allowed to do so.
- 4) When divers qualify for trips as a member of a USA Diving National Team, parents who attend are to stay in the background and have no communication with coaches or staff unless approached by coaches or staff. If a parent disagrees with policies, procedures or how any facet of the trip is going, they are to keep those opinions to themselves (unless they believe there is bodily harm that may occur). Parent's interactions on these trips could positively or negatively impact divers and coaches selection onto future international trips.
- 5) Ohio State Diving Club should always be represented in the best light at all times by athletes, coaches and parents. When at meets, parents should make all efforts to avoid any gossip and at all times refrain from any negative comments to or about any athlete, coach or parent.
- 6) Refrain from giving diving advice to athletes unless specifically asked to by OSDC coaching staff. In regards to athletes diving, one simple phrase is always welcomed: "Watching you dive brings me joy."
  - Actions speak louder than words. Always have positive body language with athletes when at practice or at a meet. Divers will feed off of that positive energy.
- 7) OSDC coaching staff is committed to imparting upon our athletes a strong set of core values. In order to do that, the correct actions must be reinforced by parents at all times. Expectations of athletes include but are not limited to honesty, respect, work ethic, teamwork, timeliness, humility, positivity and leadership. It is imperative that we, as adults, embody these same attributes and be proper role models for the divers.
- 8) At no point at a meet or during practice should any parent ever be on the pool deck unless specifically asked to do so by the lead coach at that meet or practice.

*"I understand the above policies and understand that non-adherence to above policies can and will result in diver's immediate removal from the Ohio State Diving Club."*

Divers Name(s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent 1

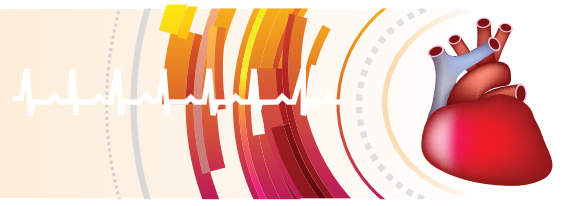
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent 2

\_\_\_\_\_  
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.

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Parent/Guardian Signature

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Student Signature

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Parent/Guardian Name (Print)

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Student Name (Print)

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Date

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Date

