

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 2019-20	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 2020? ☐ 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 2019 and August 2020, 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 2019 to August 2020). 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"/> ADHD (Attention Deficit Hyperactive Disorder) <input type="checkbox"/> Asthma <input type="checkbox"/> Autism spectrum disorders	<input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Dentures <input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Trouble <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Seizures <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**

Appendix A

Athlete Code of Conduct

The Buckeye Aquatic Academy has implemented an athlete code of conduct to reinforce expectations – set forth in the BAA Handbook, website – for athletes participating in the Ohio State Swim Club and Ohio State Diving Club. Athletes and parents should read, understand, and sign this form prior to participating in our program. These standards operate in accordance with USA Swimming, USA Diving and the guidelines set forth by The Ohio State University.

By signing this code of conduct, I will:

- Be responsible for my own behavior, uphold high standards for myself and accept consequences for inappropriate behavior
- Practice good citizenship, sportsmanship, leadership and self-control
- Be respectful of my teammates' feelings and personal space
- Be kind, courteous, respectful and polite to those with whom I interact
- Follow the directions of the Buckeye Aquatic Academy staff
- Set a good example of behavior and work ethic for my younger teammates
- Use appropriate language and be mindful of the appropriateness of my conversations, especially those taking place around younger teammates
- Show respect for all facilities and other property (including locker rooms)
- Stay within supervised areas, with BAA staff at all times when I am in the facility (with the exception of changing room, restroom use)
- Talk with my coach if I disagree with an official's call and not approach the official directly
- Speak positively to others about the Buckeye Aquatic Academy and when I have a concern I will bring it to my head level coach first and other BAA staff as necessary
- Obey all of USA Swimming or USA Diving's rules and codes of conduct
- Notify BAA staff if you have direct knowledge of a safety issue or code of conduct violation

I understand the following behaviors and actions are *not* permitted:

- Actions that bully, tease, dominate or display sexualized behavior toward others through any means including face-to-face interactions, spreading of rumors, texting or social media, etc.
- Actions that represent sexist, racist, homophobic, or otherwise offensive behavior
- Disrespect of others, unsportsmanlike, unethical and immoral conduct
- Improper language (e.g. profanity and gestures) or inappropriate conversation content
- Possession or consumption of alcohol and illegal drugs, including the use of tobacco
- Possession or use of harmful objects with the intent to harm or intimidate others (e.g. weapons, fireworks)
- Accessing unauthorized spaces including, but not limited to, unsupervised spaces, hallways, back rooms, etc.
- Destruction or theft of property including, moving items belonging to others with the intent to confuse or deceive
- Violation of policies as outlined in the BAA handbook, website, and other team communications
- Other conduct determined to be inappropriate for youth development by BAA staff

I understand that if I violate this code of conduct, I will be subject to disciplinary action determined by my coaches and BAA staff, including possible suspension from participation or revocation of privileges and campus access.

Athlete's Signature

Date

Minor Athlete's Parent/Legal Guardian

Date

Appendix B

Parent Code of Conduct

The Buckeye Aquatic Academy has implemented a parent code of conduct for the important message it holds about the proper role of parents in supporting their child in participation in sports. Parents should read, understand and sign this form prior to their children participating in our program.

Any parent who demonstrates improper conduct at any competition or practice may, depending on the type of infraction, be asked to leave the facility and suspended from future attendance. Repeated, or egregious violations may result in longer suspensions or revocation of privileges for the parent and their children.

- I will not force my child to participate in sports.
- I will remember that children participate to have fun and that this program is for their enjoyment, not mine.
- I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and demonstrating positive support for all athletes, coaches, officials, facility staff, and spectators at every practice or sporting event.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, athlete, facility staff, or parent such as booing and taunting; name-calling; or use of profane language or gestures.
- I will not encourage any behaviors or practices that would endanger the health and wellbeing of athletes.
- I will teach my child to respect the rules and resolve conflicts without resorting to disrespectfulness, underhandedness, hostility or violence and will model the same for my child.
- I will demand that my child treat others with respect regardless of gender, race, creed, sexual orientation, or athletic or intellectual ability and will model the same for my child.
- I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of an event or performance.
- I will praise my child for trying hard and doing his or her best.
- I will never ridicule or yell at my child or other athletes for making a mistake, getting disqualified, not achieving a specific time or score, or for not placing well at a competition.
- I will emphasize skill development and practices and how they affect my child over the long term – and understand that as my child gets older that achievement of best times become less frequent.
- I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win, achieve a certain score, proficiency of a dive or best time.
- I will respect the officials, coaches, and staff and their authority during competition and will never question, discuss, or confront coaches during the event, and will take time to speak with coaches at an agreed upon time and place.
- I will demand a sports environment for my child that is free from drugs, alcohol, and tobacco and I will refrain from their use at all Buckeye Aquatic Academy practices and events.
- I will refrain from coaching my child or other athletes during practices or at events, unless I am one of the official coaches for the team and meet all university requirements for this role.
- I will get involved by volunteering, cheering at meets, and talking with my child and their coach about my child's progress.
- I will do all I can to ensure that the program is represented in the best light at all times. I will not participate in gossip or negativity and when I have a concern or grievance I will first seek the help of my child's head level coach and follow the conflict resolution plan outlined in the BAA handbook as necessary.

I understand the above expectations and that my failure to adhere to them may result in disciplinary action.

Athlete Name (s) (Printed)

Date

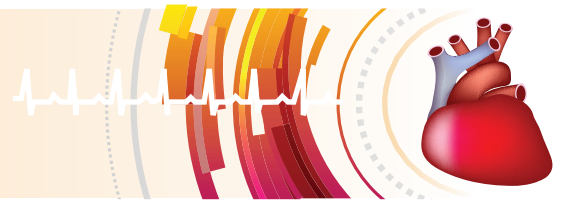
Parent/Legal Guardian 1 (Printed)

Parent/Legal Guardian 2 (Printed)

Parent/Legal Guardian 1 (Signature)

Parent/Legal Guardian 2 (Signature)

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