



May 25, 2016

Dear Shaker Figure Skating Club Member:

On behalf of the Shaker Figure Skating Club, thank you for your membership and participation in Club activities this past year. Your current membership expires June 30, 2016, and, as we head into summer, it's time to renew your membership for 2016–2017. You will notice that the membership fees are slightly more than last year. This is due to an increase that national USFSA now charges all clubs.

Enclosed please find the Membership Application, the Release/Emergency Medical Information Form, and a Concussion Information Sheet for you to read and keep, and the Parent Code of Conduct—each of which should be completed and returned with payment to me by June 30, 2016. The first two forms must be completed for each skater. Only the Parent Code of Conduct can be submitted as one per family. I apologize for the duplication of information, but it is a necessary part of keeping your information up to date and at readily available if there is an emergency.

I urge you to renew right away to ensure that your membership does not lapse. After July 1, if you do not renew, your skater will not be able to participate in USFS tests, competitions (i.e., Mentor Sunshine, Showcase Nationals) or other Club activities.

Please feel free to contact me at [dhollander14@gmail.com](mailto:dhollander14@gmail.com) or 216.789.9148 if you have any questions. I'm looking forward to another great year with SFSC!

Sincerely,

Debra Hollander  
SFSC Membership Chair

**Shaker Figure Skating Club**  
**MEMBERSHIP APPLICATION**  
 JULY 1, 2016 - JUNE 30, 2017

**PLEASE PRINT**

Check here if any information has changed since previous year.

SKATER'S NAME: \_\_\_\_\_ USFS NUMBER \_\_\_\_\_

PARENT'S NAME/S \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #1 (\_\_\_\_) \_\_\_\_\_ PHONE #2 (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS\* \_\_\_\_\_

\*very important; majority of club communications occur via e-mail

SKATER'S AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ (required) HOME CLUB \_\_\_\_\_  
 US Citizen? Yes No

HIGHEST TEST PASSED: MOVES \_\_\_\_\_ FREESTYLE \_\_\_\_\_

COACH: MOVES \_\_\_\_\_ FREESTYLE \_\_\_\_\_

**MEMBERSHIP FEE:** choose one level of membership  
 Each family member must complete a separate membership application and waiver form

Home Club Member	\$105 _____	Previous and NEW SFSC members who have had a USFS # at any time
Introductory Member	\$75 _____	A special rate ONLY for those joining SFSC for the first time AND who have never been assigned a USFS number in order to test or compete
2nd Family Member	\$50 _____	
3rd Family Member	\$40 _____	
Associate Member	\$45 _____	Skaters who are registered members at another figure skating club
Collegiate Member	\$70 _____	4-year membership for college-age skaters through June 2020
Young Adult Skater	\$60 _____	Skaters aged 20-28 through 6/31/17, must have previously been a USFS collegiate member.
Coach Member	\$60 _____	Approved skating coaches only

**TOTAL AMOUNT DUE WITH APPLICATION** \_\_\_\_\_

**Make checks payable to: SHAKER FIGURE SKATING CLUB**

**DUE DATE: June 30, 2016**

**All previous financial obligations with this Club or any other club must be paid before the application can be processed.**

- Enclose: 1. Completed and signed (twice) Membership Application  
 2. Payment by check  
 3. Completed and signed (twice) Release/Emergency Information Form  
 4. Signed Parent Code of Conduct

**Mail to: Debra Hollander**  
**SFSC Membership Chair**  
**2899 Glenmore Road**  
**Shaker Heights, OH 44122**

**I agree to abide by the Shaker Figure Skating Club Constitution and By-Laws governing all Club activities.**

(This means that parents and/or guardians are governed by the same rules of conduct and club by-laws as your minor child or children). I recognize my financial liability for the year (7/1/16-6/30-17) and hereby agree to pay all balances owed to the club. I understand that failure to keep my financial obligations current will result in a loss of ice privileges, test and/or competition privileges.

**X** Signed \_\_\_\_\_  
 (skater)

**X** \_\_\_\_\_  
 (parent or guardian if skater is under 18 years)

Permission is granted to use my or my child's picture in future advertisement, literature, and for events sponsored and conducted by the SFSC.

**X** Signed \_\_\_\_\_  
 (parent or guardian if skater is under 18 years)

**X** \_\_\_\_\_  
 date

**Shaker Figure Skating Club**  
**RELEASE, WAIVER OR LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT**  
(Must be completed)

In consideration of my participation in any Shaker Figure Skating Club program, I acknowledge an understanding of the nature of the activity and that I, or my minor child, am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity. I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis and death, and that these or other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place or the negligence of the Releasees names below. I also acknowledge there may be other risks either not known to me or not foreseen at this time and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the activity.

I hereby release, discharge and covenant not to sue the Shaker Figure Skating Club, its officers, Board of Trustees, members, volunteers and agents (each considered one of the Releasees herein) from all liability, claims, demands losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releasees. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from the gross negligence of, or intentional, willful or wanton misconduct of Releasees-against any of the Releasees, I will indemnify, defend, save and hold harmless each of the Releasees from any loss, liability, damage or cost which any may incur as the result of such a claim.

**I acknowledge that I have read this release, waiver of liability and express assumption or risk agreement and fully understand its intent.**

SIGN: **X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Skater (or Parent or Legal Guardian if participant is under 18 years old) Date

**RETURN TO PLAY LAW**

As the result of recent changes in Ohio law, SFSC has adopted several policies in order to insure compliance with the law including the following: *Any skater exhibiting the signs of a concussion will be asked to leave the ice and will NOT be permitted back on the ice until he/she receives written clearance from a physician.* SFSC is required by law to provide the enclosed Concussion Information Sheet.

**I acknowledge that I have received a copy of the Ohio Department of Health Concussion Information Sheet for Youth Sports Organizations. I understand that SFSC, its monitors or any Coaches may prohibit a skater from skating on SFSC ice and/or further participation in SFSC programs/activities until such skater has been cleared by a physician or a health care professional authorized by law.**

SIGN: **X** \_\_\_\_\_  
Signature of Skater (or Parent or Legal Guardian if participant is under 18 years old)

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**EMERGENCY MEDICAL INFORMATION**

Skater Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**  
(if skater is under 18 or Collegiate member)

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_  
(If Different)

Home or Cell: (\_\_\_\_\_) \_\_\_\_\_

Office or Cell: (\_\_\_\_\_) \_\_\_\_\_

Office or Cell: (\_\_\_\_\_) \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**  
(if Parent/Guardian cannot be contacted)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Home: (\_\_\_\_\_) \_\_\_\_\_

Office or Cell: (\_\_\_\_\_) \_\_\_\_\_

**MEDICAL HISTORY**

Allergies: \_\_\_\_\_

Existing Medical Conditions: \_\_\_\_\_

Medical Facility of Choice: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Orthopedist: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Specialist: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

# Ohio Department of Health Concussion Information Sheet

## For Youth Sports Organizations

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

#### Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

#### Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



[www.healthyohiprogram.org/concussion](http://www.healthyohiprogram.org/concussion)

## Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

### Resources

ODH Violence and Injury Prevention Program  
[www.healthyohioprogram.org/vipp/injury.aspx](http://www.healthyohioprogram.org/vipp/injury.aspx)

Centers for Disease Control and Prevention  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

### Sample Activity Progression\*

**Step 1:** *Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).*

**Step 2:** *Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).*

**Step 3:** *Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).*

**Step 4:** *Full contact in controlled practice or scrimmage.*

**Step 5:** *Full contact in game play.*

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



**Ohio Department of Health**  
Violence and Injury Prevention Program  
246 North High Street, 8th Floor  
Columbus, OH 43215  
(614) 466-2144

[www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)

# Parent Code of Conduct

**(One form per family)**

Shaker Figure Skating Club

from July 1, 2016 to June 30, 2017

**Preamble: The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: respect, responsibility, fairness, caring, trustworthiness and good citizenship. The highest potential of sports is achieved when competition reflects these “six pillars of character” (Arizona Sports Summit Accord). By signing below I hereby agree that:**

1. I will encourage good sportsmanship by demonstrating positive support for all skaters, coaches and officials at every practice session, competition and test session.
2. I will place the emotional and physical well being of my child ahead of my personal desire to win.
3. I will encourage my child to skate in a safe and healthy environment.
4. I will inform my child's coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
5. 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 results of a competitive event.
6. I will never ridicule or yell at my child or other participant for making a mistake or blame my child's teammates for placement in a competition.
7. I will do my best to make skating fun and will remember that my child participates in sports for his/her own enjoyment and satisfaction not mine.
8. I will ask my child to treat other skaters, coaches, fans, and officials with respect, regardless of race, creed, color, sexual orientation or ability.
9. I will applaud a good effort in both victory and defeat emphasizing the positive accomplishments and learning from the mistakes.
10. I will teach my child to resolve conflicts without resorting to hostility or violence.
11. I will be a positive role model for my child and other skaters.
12. I will demand a figure skating environment for my child that is free of drug or alcohol abuse and agree that I will not use or provide to a third party any drug proscribed by applicable federal, state, or municipal law.
13. I will not assist or condone any competing athlete's use of a drug banned by the International Olympic Committee, International Skating Union, United States Olympic Committee, or U.S. Figure Skating, or, in case of athletes, to use such drugs or refuse to submit to properly conducted drug tests administered by one of these organizations.
14. I will not provide alcohol to, or condone the use of alcohol by minors, abuse alcohol in the presence of athlete members, or at U.S. Figure Skating activities or, in the case of athletes, consume alcoholic beverages while a minor.
15. I will encourage my child's coach to continue their education and training through programs offered by U.S. Figure Skating, the Professional Skaters Association and other accredited organizations.
16. I will respect my child's coach and refrain from coaching my child or other skaters during competitions and practices because it may conflict with the coach's plan or strategies.
17. I will respect the decisions of officials and their authority during competitions and test sessions and teach my child to do likewise.
18. I will show appreciation and recognize the importance of volunteers and club officials.
19. I will study the rules of the U.S. Figure Skating and teach my child accordingly so that we have an understanding and appreciation of the rules of competition and membership.
20. I will support all the opponents in my child's competition and respect the rights of all skaters to participate.
21. I shall act in a manner that avoids verbal or physical misconduct of any skaters, other coach, parent or official.

**Print Skater's Name(s):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_