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**Youth Camp Participant Information Sheet and Liability Waiver and Release**

This Youth Camp Participant Information Sheet and Liability Waiver and Release (this "**Form**") is to be completed by the parents or legal guardians of children who will participate in the following youth camp provided by the Goggin Ice Center, Miami University Athletics, or Miami University Recreation (the "**Camp**");

*Camp Name:* 2019 Miami Tennis Camp

*Dates Attending:* July 21<sup>st</sup> – July 25<sup>th</sup>, 2019

**I. PERSONAL INFORMATION:**

Camp Participant's Name ("**my child**" or "**your child**"): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Age: \_\_\_\_\_                      Sex:    Male    Female

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

Mother/Guardian Name: \_\_\_\_\_                      Father/Guardian Name: \_\_\_\_\_

Mother Cell: \_\_\_\_\_                      Father Cell: \_\_\_\_\_

Mother Home or Work No.: \_\_\_\_\_                      Father Home or Work No.: \_\_\_\_\_

Family Physician's Name and Office Phone: \_\_\_\_\_

**II. EMERGENCY CONTACTS:**

	PRIMARY CONTACT	SECONDARY CONTACT
<b>Name</b>		
<b>Relationship</b>		
<b>Cellular Number</b>		
<b>Home Telephone</b>		
<b>Work Telephone</b>		
<b>Email Address</b>		

**III. HEALTH HISTORY AND BACKGROUND:**

**A. ALLERGIES:**

- My child does not have any allergies.
- My child has the following allergies (environmental, food, medication, etc.): \_\_\_\_\_

**B. SPECIAL DIET:** If your child requires a doctor prescribed diet, please indicate that diet and reason: \_\_\_\_\_

**C. MEDICATIONS BEING TAKEN:**

- My child does not take any prescription or non-prescription medications on a routine basis.
- My child takes the following prescription and/or non-prescription medications:

Name of Medication	Dosage	Frequency/Time of Day	Reason for Taking

Additional information regarding the above medication(s): \_\_\_\_\_

**D. MEDICAL HISTORY:** My child has a history of (or is prone to) the following (check all that apply):

- Asthma
- Cardiac Issues
- Night Terrors
- Depression
- Other. Please provide any other pertinent information regarding your child's current health and/or past medical history: \_\_\_\_\_
- Diabetes
- Immune Disorders
- High Blood Pressure
- Joint Pain
- Autism
- Sleep Walking
- Headaches or Migraines
- Cancer
- ADD or ADHD
- Seizures or Epilepsy
- Back or Neck Pain
- Concussion

Please list any physical activities to be limited or restricted while your child is attending the Camp: \_\_\_\_\_

Check if your child, or any of your child's biological parents or siblings, has previously experienced sudden cardiac arrest. **If you check this box, your child must be evaluated and cleared for participation by his or her physician prior to the start of Camp.** If you check this box, please provide the name of the physician who cleared your child to participate in the Camp, and provide the date that such evaluation was completed:

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Check if your child is known to have exhibited syncope or fainting at any time prior to or following an athletic activity. **If you check this box, your child must be evaluated and cleared for participation by his or her physician prior to the start of Camp.** If you check this box, please provide the name of the physician who cleared your child to participate in the Camp, and provide the date that such evaluation was completed:

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**IV. INSURANCE INFORMATION:** Miami University does not provide medical insurance to cover medical care for your child. All participants **MUST** be covered by a health insurance policy. My insurance information follows:

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

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

Ins. Company phone: \_\_\_\_\_

Med. Ins. Policy No.: \_\_\_\_\_

Med. Ins. Group No.: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

DOB of Insured: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_

**V. MEDICAL TREATMENT AUTHORIZATION:**

In the event my child is injured or falls ill during his or her participation in the Camp, I hereby authorize Miami University and its employees, agents, contractors, and volunteers to provide or arrange any medical treatment they deem necessary, even if I cannot be directly contacted at the time of such injury or illness. I hereby give permission to Miami University to transport or arrange for the transportation of my child to a local hospital or medical facility for medical care. I authorize Miami University to release all information contained in this Form or that is otherwise ascertained by Miami University to any medical personnel or facility providing treatment to my child. I understand and agree that all bills for medical care and treatment will be forwarded to me or my insurance company, and that it will be my responsibility to see that such bills are paid.

**VI. LEGAL ACKNOWLEDGEMENTS:**

**A.** By signing this Form, the undersigned parent/guardian represents, warrants, covenants, and agrees (as applicable) to each of the following:

- (i) The information contained in this Form is truthful, complete, and accurate, and I am authorized to sign this Form on behalf of myself and my child.
- (ii) For overnight camps, if my child can no longer participate in Camp activities for any reason, I will pick up my child no later than twelve (12) hours after being contacted by Miami University. For day camps, if my child can no longer participate in Camp activities for any reason, I will pick up my child as soon as reasonable feasible. I agree to complete a permission to leave camp form if my child is required to leave camp early.

- (iii) Miami University is hereby authorized (but is not obligated) to administer the medication(s) listed in **Section III.C** of this Form to my child.
- (iv) Miami University is hereby authorized (but is not obligated) to administer certain non-prescription medications to my child for the treatment of minor aches, pains, and illnesses , including, without limitation, acetaminophen, ibuprofen, anti-diarrheals, and antacids.
- (v) I understand that my child may be photographed and/or videotaped during his or her participation in Camp activities, and I hereby authorize Miami University to use any photographs or videotapes containing images of my child in promotional or advertising materials.
- (vi) This Form is governed by the laws of the State of Ohio. I agree that all legal suits, claims, actions, proceedings, or other matters arising out of or relating to this Form or the Program, whether sounding in contract, tort, statute, or otherwise, shall be subject to the sole and exclusive jurisdiction of the state and federal courts of competent jurisdiction located in the State of Ohio. Nothing in this Form shall be construed as a waiver of the sovereign immunity of Miami University and/or the State of Ohio beyond the waiver provided in Ohio Revised Code 2743.02.
- (vii) My child is physically and psychologically ready to participate in all of the activities related to the Camp.
- (viii) I have adequate health and hospitalization insurance for any injuries that my child may receive as a result of his or her participation in all of the activities related to the Camp.
- (ix) I give my permission for my child to participate in all aspects of the Camp.

**B.** By initialing below, the undersigned parent/guardian acknowledges, attests, and agrees as follows:

\_\_\_\_\_ I have received and read a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by Section 3307.51 of the Ohio Revised Code.

\_\_\_\_\_ I have received and read the Sudden Cardiac Arrest and Lindsay’s Law form prepared by the Ohio Department of Health as required by Sections 3313.5310, 3707.58, and 3707.59 of the Ohio Revised Code

\_\_\_\_\_ Pursuant to Ohio law, if your child is either suspected of having sustained a head injury (including a concussion) or is diagnosed with a head injury (including a concussion), then your child **shall not** be permitted to return to Camp until he or she is cleared in writing by a medical doctor or doctor of osteopathy. Because Ohio’s post-concussion return to play protocol takes five to six days, if your child is attending an overnight Camp, then your child **will not** be permitted to return to Camp, and will be required to return home.

\_\_\_\_\_ Pursuant to Ohio law, if your child exhibits syncope or fainting before, during, or after any Camp activity, then your child **shall not** be permitted to return to Camp until he or she is cleared in writing by a medical doctor or doctor of osteopathy. If your child experiences a syncopal episode and recovers without further event, Camp staff will attempt to contact you to develop a plan for having your child evaluated by a medical doctor or doctor of osteopathy. If your child is not (or cannot) be cleared by a medical doctor or doctor of osteopathy in writing, then your child **shall not** be permitted to return to Camp, and will be required to return home.

**I HAVE READ THIS ENTIRE FORM AND I UNDERSTAND ITS TERMS AND PROVISIONS. I AGREE THAT THIS FORM IS A BINDING AGREEMENT, AND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Relationship to Camp Participant: \_\_\_\_\_

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

I, the undersigned, understand that Miami University is providing my child with the opportunity to participate in the following camp (the "**Camp**"): 2019 Miami Tennis Camp, which will take place between July 21<sup>st</sup>-July 25<sup>th</sup>, 2019. For purposes of this Assumption of Risk and Release of Liability (this "**Release**"), the term Camp shall include, without limitation, all travel to, from, and during the Camp; and all activities conducted in the Goggin Ice Center, the Recreational Sports Center, all intercollegiate athletic fields and buildings, all dining halls and dormitories, and all other facilities located on Miami University's premises.

Participation in an athletic or recreation camp carries the unavoidable risk of physical injury regardless of the aptitude and abilities of the participants. Efforts can be made to reduce these inherent risks, but no matter how careful the participants and coaches/staff are, such risks **CANNOT BE ELIMINATED**. These inherent risks include, without limitation, collisions and impacts with other participants or objects; slips, trips, and falls; falling or landing on uneven, worn, or hard landing surfaces; drowning or near drowning; environmental exposure (e.g. insect stings, sunburn, frostbite, poison ivy, dehydration, etc.); equipment failures (even if the equipment is properly used); the actions, inactions, or negligence of other participants or coaches/staff; the aggravation of pre-existing conditions; and medical emergencies and incidents (e.g. sudden cardiac arrest, allergic reactions and anaphylaxis, communicable diseases, etc.). These risks may result in: minor injuries (e.g. bruises, abrasions, cuts, sprains, etc.); serious injuries (e.g. broken bones, dislocations, muscle pulls, concussions, cardiac arrest, large lacerations/avulsions, etc.); and catastrophic injuries (e.g. brain injury, paralysis, death, etc.).

**DESPITE THESE RISKS, I KNOWINGLY AND VOLUNTARILY DESIRE THAT MY CHILD PARTICIPATE IN THE CAMP. I HEREBY ACKNOWLEDGE AND UNDERSTAND THAT I HAVE BEEN STRONGLY ENCOURAGED TO ASSESS MY CHILD'S HEALTH AND ABILITY TO PARTICIPATE IN THE CAMP, AND AGREE THAT I HAVE DONE SO.**

On behalf of myself and my child, and our heirs, next of kin, successors, executors, administrators, and assigns ("**Releasing Parties**"), I knowingly and voluntarily assume full responsibility for any and all risks or losses, or personal injury, including death, that may be sustained by my child as a result of my child's participation in the Camp. To the fullest extent permitted under law, I agree, for myself, my child, and the Releasing Parties, to release and hold harmless Miami University, its trustees, officers, employees, volunteers, agents, and contractors (the "**Miami Parties**") from any present or future claim for personal injury, emotional injury, death, or property damage arising directly or indirectly from my child's participation in the Camp, including allegations or claims of negligence on the part of the Miami Parties; provided, however, that this Release shall not apply to Miami University's gross negligence (or more culpable conduct, such as willful or wanton misconduct). If any term or provision of this Release is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Release or invalidate or render unenforceable such term or provision in any other jurisdiction. This Release is governed by the laws of the State of Ohio. Nothing in this Release shall be construed as a waiver of the sovereign immunity of Miami University and/or the State of Ohio beyond the waiver provided in Ohio Revised Code 2743.02.

**I HAVE READ THIS ENTIRE RELEASE AND I UNDERSTAND ITS TERMS AND PROVISIONS. I AGREE THAT THIS RELEASE IS A BINDING AGREEMENT, AND THAT I HAVE SIGNED IT KNOWINGLY AND VOLUNTARILY. I UNDERSTAND AND AGREE THAT BY SIGNING BELOW I WILL WAIVE AND FOREVER RELINQUISH ANY AND ALL CLAIMS THAT I MAY HAVE, OR THAT MY CHILD MAY HAVE, WHETHER KNOWN OR UNKNOWN, AND WHETHER ANTICIPATED OR UNANTICIPATED, AGAINST THE MIAMI PARTIES ARISING OUT OF MY CHILD'S PARTICIPATION IN THE CAMP. I UNDERSTAND AND AGREE THAT I AM SIGNING THIS FORM ON BEHALF OF A MINOR CHILD, AND THAT I WILL BE GIVING UP THE SAME RIGHTS FOR THE MINOR AS I WOULD BE GIVING UP IF I SIGNED THIS RELEASE ON MY OWN BEHALF.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Telephone: \_\_\_\_\_

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

My Child's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

# 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

-----  
Student Signature

-----  
Parent/Guardian Name (Print)

-----  
Student Name (Print)

-----  
Date

-----  
Date

# 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.



<http://www.healthy.ohio.gov/vipp/child/returntoplay/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 Learn (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.
5. For more information, please refer to Return to Learn at <http://www.healthy.ohio.gov/vipp/concussion.aspx>

### Resources

ODH Violence and Injury Prevention Program

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

Centers for Disease Control and Prevention

<http://www.cdc.gov/headsup/basics/index.html>

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. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
6. 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.



Ohio Department of Health  
Violence and Injury  
Prevention Program  
246 North High Street, 5th Floor  
Columbus, OH 43215  
(614) 466-2144

<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>