

Winterhurst Figure Skating Club Membership Application

July 1, 2022– June 30, 2023

Please complete all the forms, waivers, Lindsey's Law, Concussion, release, etc., and mail to:
Winterhurst FSC Att:Membership Chair 14740 Lakewood Hts. Blvd. Lakewood, Oh 44107

Member's Name _____ M/F USFS# _____

If under 18, Parent's Name _____ Cell Phone: _____

Work #: _____ Home #: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ US Citizen: Y/N E-mail: _____

Freeskate level: _____ Moves: _____ Dance: _____

Coaches: _____

Please select membership Type

_____ Home Club Member (**\$115.00**): Includes USFS membership, Skating Magazine, represents WFSC at competitions, tests, shows; eligible to serve on the board after 1 year (if over 18), is entitled to vote at the Annual Meeting. Can contract ice. Priority ice time.

_____ Additional Home club Member (**\$60.00**): Same family as the Home Club member and is entitled to the same benefits.

_____ Associate Member (**\$45.00**): available to skaters who are full members of another club but would also like to be members of WFSC. Can skate on discounted club ice, purchase coupons at a discount, 2nd priority for walk on. Not eligible to contract, vote or hold office on the board.

_____ Additional Associate Member (**\$20.00**): Same Family as the associate member, same benefits.

_____ First year Introductory Member (**\$50**): Same as Home Club Member. Skaters are only eligible for this rate ONE TIME. Applies to individuals who have never been a member of USFS outside of LTS.

_____ 2nd year introductory member (**\$80.00**): Same benefits as Home Club Member

_____ Collegiate 4-year Membership (**\$160**): same benefits as Home Club Member

_____ Home Club Coach (**\$60.00**): same benefits as Home Club members

_____ Associate Coach (**\$0.00**): has permission to coach during WFSC ice

_____ U.S.F.S. Official (**\$0.00**) (circle one): Judge, Referee, Accountant, Announcer, Other
Officials can omit the Medical History part of the Application.

I agree to abide by the WFSC By-laws and rules governing all club activities.

Member _____ Legal guardian if <18: _____

WFSC SAFETY RULES FOR ALL SKATERS

1. Skaters **MUST** check in with the monitor **before** entering the ice.
2. If a skater has not passed Basic 4 of Learn to Skate and/or is under six years of age and first grade, they are only allowed on the ice while in a lesson with a coach.
3. Skaters and coaches are expected to treat all other skaters and coaches with respect and courtesy at all times.
4. The ice monitor is in charge of club sessions, and should always be treated with respect and courtesy.
5. Only water bottles permitted on the ice – no other food or beverages. No texting or gum chewing on the ice.
6. Pair skaters and dance couples are only permitted on the first hour of club ice. A skater may, however, work with a coach on pairs or dance elements (keep safety of all skaters in mind) and consider how busy an ice session is.
7. Coaching hockey skills has been temporarily suspended during club ice.

FLOW OF TRAFFIC ON ICE AND RIGHT-OF-WAY RULES

1. Skater in program **MUST** wear belt/vest to get the right-of-way!!!!
 - a. **FIRST Priority:** skater skating to his/her program with music **and wearing the sash/vest/belt.**
 - b. **Second Priority:** Lesson rule. Please be aware of coaches with students, as they are often concentrating on an element or in discussion.
 - c. **Third Priority:** Harness
2. It is most important to be cautious at all times to avoid collisions.
3. Look both ways when leaving the boards or entering the ice.
4. Be **AWARE** of areas of the rink where you can expect **CERTAIN ELEMENTS:** i.e. the corners are where most Lutz jumps take place; the ends of the rink are where skaters are most likely to execute jumps; the center is often where skaters spin.
5. Do not linger in jumping lanes.
6. Move to the sides to talk to a skater or a coach.
7. Do not stand or sit on the ice after a fall
8. When practicing elements such as a camel spin or back spiral, be especially aware of the danger your exposed blade poses to other skaters.

These rules are meant to protect all skaters. Coaches should go over these rules the first time a new student enters the rink. Remember, we have a wide range of skating skills on the ice at the same time.

I have read and understand WFSC rules and regulations, and agree to comply.

Skater's Signature _____ Date: _____

Parent/Guardian Signature _____ (if skater is a minor)

Name of skater's primary coach: _____

Please print and keep a copy of these rules for review as needed

WFSC 2022-23 Emergency Medical Information

The information below will remain on file with the skater's membership papers and accessed by the ice monitor or a WFSC Board member in the event of an emergency/medical situation at the Rink.

Skater's Name: _____

Emergency Contact: _____ Cell # _____

Parent/Guardian/Spouse (Circle one)

Name: _____

Address: _____

(If different from the member)

Home Phone: _____ Cell _____ Work number: _____

Alternate Emergency Contact

Name: _____

Address: _____

Phone number(s): _____

MEDICAL HISTORY:

Allergies:

Does the skater have an Epi-Pen? yes/no Where is it located? _____

Inhaler? yes/no Where is it located? _____

Medical Conditions/History:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Orthopedist: _____ Phone: _____

Other Specialist: _____ Phone: _____

Hospital/ER preferred: _____ ER # _____

Consent for Treatment

Should none of the above contacts be available, I hereby give consent to the Winterhurst Figure Skating Club, their Board of Directors, and volunteers to obtain emergency medical care for my child or myself. In the event that the preferred doctor/dentist is unavailable, I consent to medical care from any licensed physician, dentist, hospital or clinic, including transportation and emergency medical services.

Signature of Skater or Parent/Guardian of minor:

Date: _____

Refusal of Consent (Do not complete if you granted consent in above section.)

I do not give consent for emergency medical treatment for my child or myself. In the event of illness or injury requiring emergency treatment, I wish WFSC authorities to TAKE NO ACTION. This refusal covers major surgery unless the medical opinions of two other licensed physicians or dentists, concur in the necessity for such surgery, and obtained prior to the performance of such surgery.

Signature of Skater or Parent/Guardian of minor:

Date: _____

2022-2023 WFSC IDENTIFIABLE INFORMATION CONSENT FORM

At times we like to recognize our skaters' accomplishments and use pictures/names on our bulletin board, our WFSC website, Instagram, Facebook, Twitter, etc. However, a skater's identifiable information requires consent...

I grant permission to use _____'s (name of skater) photo/image and personally identifiable information on any of the Winterhurst FSC social media. If I wish to rescind this agreement, I may do so at anytime in **writing** by sending a letter to WFSC Board and this will be effective upon receipt of said letter.

Check all Media Choices you consent to and cross out the ones you don't:

I **GRANT** permission to use skater's:

_____ Photo _____ Name _____ Other Personal Identifiers (ie: school, level. . .) on any of the WFSC social media including but not limited to **Website, Instagram, Facebook , twitter etc.**

News Media: With ANY news media, I **GRANT** permission to use skater's:

_____ Photo _____ Name _____ Other Personal Identifiers

Club Bulletin Board at the Rink: I **GRANT** permission to use the skater's:

_____ Photo _____ Name _____ Other Personal Identifiers

I do **NOT** want skater's personal identifiers to be used at all: _____

SKATER'S SIGNATURE OR PARENT/GUARDIAN _____ DATE: _____

VOLUNTEERING

Skate Cleveland is our primary fundraiser. Profit from this event and other fundraising activities help to cover the cost of renting ice from the rink. We request our current skating families to volunteer time and provide food/items for these events. Please plan to volunteer at least a couple of hours.

Volunteer options include:

Registration - check-in skaters and secure a copy of their music.

Ice Monitors - check-in skaters rink side prior to their event and allow on the ice at the appropriate time

Award Presentation - present medals to 1st thru 3rd place and check off names.

Runners - get score sheets from the judges to accounting, secure signature from the main judge, make copies of the scoring sheets, then distribute copies to Registration and Awards as well as post results.

Hospitality - help to prepare and present food/beverages for the judges and coaches.

Exhibitions, Test Sessions, Skate and Dress Sale, etc. : help set-up, cleanup, locker room monitors, food donations, raffle items, etc.

Skate Safe/SafeSport/Code of Conduct/Ice Rules

As a member of The Winterhurst Figure Skating Club, all skaters, parents, officials, volunteers and coaches must adhere to their respective Code of Conduct at all times. The Winterhurst Figure Skating Club is committed to creating a friendly, safe and positive environment; free of misconduct, for all members' physical, emotional and social development. All Winterhurst FSC members are expected to exhibit good sportsmanship and be courteous toward their fellow skaters, coaches, parents of skaters, U.S. Figure Skating officials and guests on and off the ice whether at our Winterhurst Rink or other locations and on social media.

The various Codes of Conduct and the WFSC Ice Rules have been established to ensure the safety of all members using our ice and to ensure quality practice time for all home club, associate, non-members and guests who purchase ice from the club and who participate in all club-related activities.

For most of the season we do not have high and low sessions. That means there are often sessions with a lot of younger skaters. Older skaters have experience with ice traffic patterns so be patient and keep safety in mind when there are a lot of younger skaters on the ice. Younger skaters need to be alert and learn quickly the traffic flow. As you skate more, you'll get to the point where you'll recognize that a practice session has a certain rhythm to it. Most skaters practice jumps and spins the same way on each session. In time they become predictable and you will be able to guess where someone else is going based on their approach to a jump or spin. The guidelines outlined here are common in most rinks so you will be able to adapt no matter where you chose to skate.

Observing these concepts will help ensure everyone can make effective use of their ice

_____ I have read the Winterhurst Figure Skating Club Ice Rules (these can be found on our website (winterhurstfsc.com) or with the monitors.

_____ I have read the "Code of Conduct" that applies to my type of membership: coach, parent, skater, or Board Member. Also available on our website.

_____ I am familiar with the U.S. figure Skating Skate Safe Program-which is available on the U.S. Figure Skating Website: www.usfigureskating.org. Click on **Skate Safe** on the home page. You will find the handbook and information on reporting, compliance and training.

By signing below, I agree to follow the Winterhurst FSC Ice Rules, The USFS Skate Safe rules and uphold the guidelines in the "Code of Conduct" that applies to my type of membership

WFSC member _____ Date: _____

Parent/legal guardian if member is <18: _____

Parents/legal guardians must read the Parent's Code of Conduct and review the ice rules with their skater.

Waiver and Release of Liability

In consideration of participating in any activity related to Winterhurst Figure Skating Club, I acknowledge and understand the nature of figure skating activities, and that I, or my minor child, am/is qualified, in good health, and in proper physical condition to participate in such activity. I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis or even death, which may be caused by my or my child's own actions, those of others participating in said activities, the conditions in which the activity takes place, or the negligence of any other skater or persons. In addition, there may be other risks either not known or readily foreseeable, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages because of participation in the activity. I acknowledge that if I believe conditions are unsafe, I, or my minor child will immediately discontinue participation in the activity. I consent to the use of a pole and/or jump harness in the teaching of my child's ice skating routines. I understand that a belt will be attached to the waist of my child so the instructor can lift the child 3 to 5 feet off the ice, the child will be pulled along and then lifted during the jump. With the jump harness the rope and pulley are attached to a wire that is stretched above the ice surface.

I hereby release, discharge, and covenant not to sue the Winterhurst Figure Skating Club, its Board of Directors, volunteers, sponsors, agents, instructors, trainers, United States Figure Skating Association, other participants and if applicable, owners and lessors of premises on which the activity takes place (each considered a "Releasee" herein) from all liability, claims, demands, losses, or damages caused or alleged to be caused in whole or in part by the negligence of any "Releasee" or rescue operations. I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf makes a claim against any of the Releasees, I **AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releasees from any loss, liability, damage, or cost incurred as a result of such claim.

The Winterhurst Figure Skating Club, its Board, members, volunteers, and others present at the facility of activity are not responsible for the supervision of the members.

I acknowledge that I have read this Waiver and Release of Liability and fully understand its intent.

Name of skater: _____

(Signature of Skater or Parent/Legal Guardian of minor)

Date

Return to Play Law

Because of recent changes in Ohio law, WFSC has adopted the following policy in order to insure compliance: ***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. A required copy of the Concussion Information Sheet is on the following pages.***

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

(Signature of Skater or Parent/Legal Guardian of minor)

Date

Ohio Department of Health Concussion Information Sheet For Interscholastic Athletics

Acknowledgement of Having Received the "Ohio Department of Health's Concussion and Head Injury Information Sheet"

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code.

I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete's doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

Sports for the year

Athlete

Date

Parent/Guardian

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