

Winterhurst Figure Skating Club Membership Application

July 1, 2026– June 30, 2027

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 _____ 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 (\$145.00): 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 (\$75.00): Same family as the Home Club member and is entitled to the same benefits.

_____ Senior Home Club Member (65 & up) (\$90.00) same as Home club Member

_____ Associate Member (\$50.00): 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 ice contracts at a discount, 2nd priority walk on. Not eligible to vote or hold office on the board.

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

_____ First year Introductory Member (\$60): Same benefits as Home Club Member.

Skaters are only eligible for this rate ONE TIME. Applies to individuals who have never been a member of USFS or any club outside of LTS.

_____ 2nd year introductory member (\$100.00): Same benefits as Home Club Member

_____ Collegiate 4-year Membership (\$140.00): same benefits as Home Club Member

_____ Home Club Coach (\$85.00): 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- must be an official for the 2025-26 season. Officials can omit the Medical History.

_____ Transferring Member (\$0.00) Same privileges as home club member. Must be a current member in good standing of a USFS member club.

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

Member _____

Legal guardian if under 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 6 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 very light sessions. 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. This may be updated/reviewed on a yearly basis.

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

1. The Skater in a program **MUST** wear a sash/vest to get the right-of-way!!!!
 - a. **FIRST** Priority: skater skating to his/her program with music and wearing the sash/vest.
 - b. **Second** Priority: Skater in a Lesson. 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 – get up and move!!! (unless you are hurt/injured)
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 2026-27 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: _____ # _____

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: _____

2026-2027 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, X, tik tok, Youtube, 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 any time in writing by sending a letter or email to the WFSC Board and this will be effective upon receipt of said communication.

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 , X, tik tok, Youtube, etc.

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

_____ Photo _____ Name _____ Other Personal Identifiers

Club Bulletin Board or TV monitors 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

Our competitions (Skate Cleveland, Spring Fling) are our primary fundraisers. Profit from these events and other fundraising activities help cover the cost of renting ice from the rink and cover business expenses. We request our current skating families to volunteer time and provide food/items for these events. **Please plan to volunteer at least 6 hours per family per event.** If you are out of town, you can make a financial contribution to help with officials' meals and gifts.

Volunteer opportunities include: (additional information can be found on our website)

Registration - check-in skaters

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

Award Presentation - present medals/Awards to the skaters

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.

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

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

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:-membership-forms) 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:membership-forms

_____ 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/participation

WFSC member _____ Date: _____

Parent/legal guardian if member <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. 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

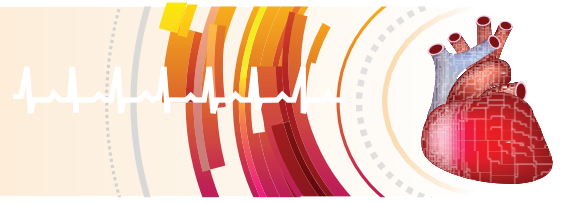
Because of recent changes in Ohio law, WFSC has adopted the following policy in order to insure compliance: Any skater who hits their head or is exhibiting the signs of a concussion will be asked to leave the ice and will NOT be permitted back on the ice until he/she receives written clearance from a physician. A required copy of the Concussion Information Sheet is on the following pages and on our website :membership-forms

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 healthcare professional authorized by law.

Name of skater: _____

(Signature of Skater or Parent/Legal Guardian of minor) 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) an 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 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 review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

Ohio Department of Health Concussion Information Sheet: For Interscholastic Athletics

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 returns to normal activities slowly, so they do not do more damage to their brain.

What is a Concussion?¹

According to the Center for Disease Control and Prevention (CDC) a concussion is a type of traumatic brain injury-or TBI-caused by a bump, blow, or jolt to the head or by a hit to the body that cause the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

Signs and Symptoms of a Concussion¹

Signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days. For example, in the first few minutes your child or teen might have a headache or feel confused or a bit dazed. But a few days later, your child might have more trouble sleeping or changes in mood than usual.

You should continue to check for signs of concussion right after the injury and a few days after the injury. If your child or teen's concussion signs or symptoms get worse be sure to share this information with their healthcare provider.

Signs Observed by Parents or Guardians¹

- Appears dazed or stunned.
- Is confused about assignment or position.

- Forgets instruction, is confused about an assignment or position, or is unsure of the game, score or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events before or after hit or fall.

Symptoms Reported by Athlete¹

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down".

Dangerous Signs & Symptoms of a Concussion ¹

- One pupil larger than the other.
- Drowsiness or inability to wake up.

- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Be Honest

Encourage your athlete to be honest with you, their coach, and your health care provider about their 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 they get 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.

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, tablet, 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 2}

1. Following an initial period of relative rest (24-48 hours following an injury, athletes can begin a gradual and incremental increase in their cognitive load. Progression through the strategy for students should be slowed when there is more than a mild and brief symptom exacerbation. *Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0–10-point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared to symptoms reported prior to cognitive activity.
2. Inform teacher(s), school counselor, school nurse, 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. Difficulty organizing tasks or shifting between tasks.
 - e. Inappropriate or impulsive behavior during class.
 - f. Greater irritability.
 - g. Less ability to cope with stress.
 - h. More emotional than usual.
 - i. Fatigue.
 - j. Difficulties handling a stimulating school environment (lights, noise, etc.).
 - k. Physical symptoms (headache, nausea, dizziness).

A return to learn (RTL) strategy is listed below. Not all athletes will need a return to learn strategy or academic support.

Returning to Learn (School) Strategies^{1 2}

1.FIRST STEP: Daily activities can be incorporated that do not result in more than a *mild exacerbation of symptoms related to the current concussion. These include typical activities during the day (e.g., reading)

while minimizing screen time. Start with 5-15 minutes at a time and increase gradually.

2.SECOND STEP: School activities can be incorporated which include homework, reading or other cognitive activities outside of the classroom. Some school activities can be incorporated such as homework, reading or other cognitive activities outside of the classroom.

3.THIRD STEP: Return to school part time with gradual introduction of schoolwork. May need to start with a partial school day or with greater access to rest breaks during the day.

4.FOURTH STEP: Return to school full time and gradually progress in school activities until a full day can be tolerated without more than *mild symptom exacerbation.

If your child is still having concussion symptoms, they may need extra help with school related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

For more information, please refer to return to learn at the [ODH website](#).

Returning to Play^{1 2}

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 they still have **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 they were 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. Each step typically takes a minimum of 24 hours. It is important for an athlete's parent(s) and coach(es) to watch for concussion symptoms after each day's return to sports progression activity. An athlete should only move to the next step if they do not have any new symptoms at the current step. If an athlete's symptoms come back or if he or she gets new symptoms, this is a sign that the athlete is pushing too hard. The athlete should stop these activities and the athlete's medical provider should be contacted. After more rest and no concussion symptoms, the athlete can start at the previous step.

Sample Activity Progression^{1 2}

1.FIRST STEP: Back to regular activities-The athlete is back to their regular activities (such as school) and has the green-light from their healthcare provider to begin the return to sports progression.

2.SECOND STEP: Light aerobic activity- Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

3.THIRD STEP: Moderate Activity/Individual Sport-Specific Exercise (if sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3- Continue with activities to increase an athlete's heart rate with body or head movement. Sport -specific training away from the team environment. This includes change of direction and/or individual training drills away from the team environment, moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine). No activities at risk of head impact.

4.FOURTH STEP: Heavy, non-contact activity- Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement) integrated into a team environment.

5.FIFTH STEP: Practice & full contact- Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

6.SIXTH STEP: Competition- Athlete may return to competition.

**Steps 4-6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.*

Resources

¹Centers for Disease Control and Prevention

<https://www.cdc.gov/headsup/youthsports/>

²Consensus Statement Concussion in Sport

[Consensus Statement Concussion in Sport](#)

ODH Violence and Injury Prevention Section

<https://odh.ohio.gov/know-our-programs/child-injury-Prevention/vipp>



I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators, and health care provider. I also understand that I/my child must have no symptoms before return to play can occur.

Athlete Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Ohio Department of Health

Violence and Injury Prevention Section

246 North High Street, 5th Floor

Columbus, OH 43215

(614) 466-2144

<http://www.odh.ohio.gov/concussion>