



# CITY OF CHARDON

## Park and Recreation Department

### Program Registration Form

111 Water Street  
Chardon, OH 44024  
Phone: 440-286-2600  
[www.chardon.cc](http://www.chardon.cc)

***(Please Print Clearly)***

Registration fees for all summer Recreation Programs can be filled out **ONLINE** under the Recreation tab on our website or brought to the Chardon Municipal Center; Attn: Recreation Department, 111 Water Street, Chardon, OH 44024; Monday thru Friday; 8:00 a.m. to 5:00 p.m. Mail-in registrations may be sent to the address above. Payments may be made with check or cash. After the hours listed above, payments may be placed in the Water & Sewer drop off box at the back of the parking lot of the Chardon Municipal Center. Only General Admission payment will be accepted at the swimming pool. Fill out this form for all programs and pool passes. List each family member separately for family passes.

Check No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Adult Name: \_\_\_\_\_

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

Cell No.: \_\_\_\_\_ Home No.: \_\_\_\_\_ Email: \_\_\_\_\_

Participant's Name	Grade for Fall 2019 & Date of Birth	Course No.	Program Title	Fee
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Make checks payable to: **City of Chardon.** Total fees enclosed: \$ \_\_\_\_\_  
*Receipts will not be mailed. Confirmation only up request. Unless notified that the class is full or canceled, attend first class meeting.*  
 Prepaid passes may be picked up at Chardon City Hall or mailed.

Does anyone listed above have any health problems that our staff should be informed about?  Yes  No  
 If yes, please explain: \_\_\_\_\_

### **IMPORTANT! THE FOLLOWING STATEMENT OF WAIVER MUST BE SIGNED.**

The undersigned is registering individually or as the Parent/Legal Guardian of a minor child or both. As used below, registrant is an adult registering for an activity individually or as a Parent/Legal Guardian of a minor child.

Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging in the activity and program, and in consideration of the City of Chardon and Park and Recreation Department accepting registrant for its programs and activities, the undersigned hereby assumes any risk and releases, discharges and otherwise indemnifies the City of Chardon, its employees and agents, including the owners of the facilities utilized by the City, against any claim for injuries received by the registrant and/or minor(s) as a result of participation in the program and activity or use of the City's recreational facilities or during transport to or from same, which transportation is hereby authorized.

The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed physician or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb or well-being of the registrant and/or minor(s).

Print Name of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

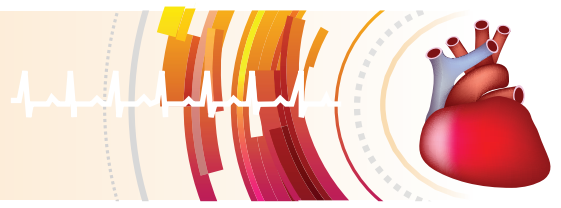
Signature of Above (required): \_\_\_\_\_ Relationship to minor(s): \_\_\_\_\_

In the event of an emergency, contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# 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

Student's Age

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

-----  
Student Name (Print)

-----  
Date

-----  
Date