

**OFFICE USE ONLY**



**Program Registration f**

Phone: (440) 632-5248  
 Fax: (440) 632-0591  
 14860 North State Ave. P.O. Box 1019  
 Middlefield, OH 44062  
 THE BENEFITS ARE ENDLESS.....

- \*Codes**
- VR (Village Resident)
  - NR (Non-Resident +\$10)
  - CR (Corporate Resident - current pay stub is required)
  - LATE (\$20)
  - NINA (\$25 on programs over \$50/1/2 off programs under \$50)
  - FAMILY MAX (-\$5 per child if signing 3 or more up at same time)

As a parent would you be willing to volunteer as one of the following: Head Coach Asst. Coach Parent Helper

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

Days that you can help: Mon\_\_\_\_ Tues.\_\_\_\_ Wed.\_\_\_\_ Thurs.\_\_\_\_ Fri.\_\_\_\_ Sat.\_\_\_\_

Adult  S  M  L  XL  XXL (T-Shirt Size)

**T-Shirt Sizing Chart**  
 YS (6-8)  
 YM (10-12)  
 YL (14-16)  
 AS, AM, AL, AXL

Program	Participant's Name	D.O.B	Age	Gender	Grade	Experience Y/N	T-Shirt Size	Codes *	Program Fee
		/ /							\$
		/ /							\$
		/ /							\$
You may only register for yourself or as a legal guardian of your family (aunts, uncles, grandparents, etc may not register participants for this for programs).									<b>Total</b>
									\$

**Last Name (parent/legal guardian)      First Name      Email**

**Street Address      Mailing address (if different from street address)      City      Zip Code**

**Home Phone      Work/Cell      Emergency Contact (Relationship to participant)      Phone**

Does this participant need any special assistance?    Yes\_\_\_\_ No\_\_\_\_

**Explain:** \_\_\_\_\_

List any health problems, medications, allergies or special meds

**MIDDLEFIELD RECREATION RELEASE OF LIABILITY**

In an emergency and we cannot be contacted, I hereby authorize the adult in charge at the scene to use his/her best judgment in calling EMS or having child taken to the nearest hospital.

In consideration of accepting this registration, I fully understand that all of the rules & regulations applicable to the program; including but not limited to, parent, athlete, and coaches codes of conduct; are to be strictly adhered to; under the direction of the Recreation Director and the program staff and failure to abide by these rules & regulations could result in disciplinary action. In addition, I am aware that full payment for any program or activity is due at the time of registration.

In consideration of accepting this participation agreement, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages that I or my child may have against the Village of Middlefield Recreation Department, it's representatives and employees, for any and all injuries suffered by myself or my child at any activity sponsored by the Village of Middlefield Recreation Department. I hereby assume full responsibility for medical coverage in the event that my child or I sustain any injuries prior to, during or after participation in any sponsored event. Your or your child's image may be used for promotional purposes.

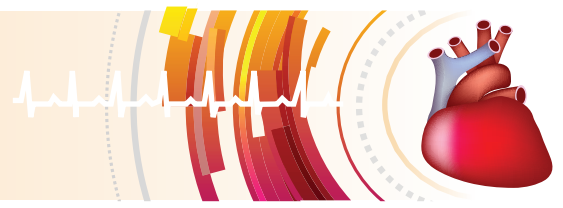
**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian or Participant**

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

Middlefield Recreation's **POLICIES & PROCEDURES, REFUND POLICIES, FUNDING ASSISTANCE and CODES OF CONDUCT** can be viewed online at [www.middlefieldohio.com](http://www.middlefieldohio.com).

# 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

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Student Signature

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Parent/Guardian Name (Print)

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Student Name (Print)

-----  
Date

-----  
Date