

Winterhurst Figure Skating Club Membership Application

July 1, 2024– June 30, 2025

Please fill out the application via Entryeeze **or** download the forms from the website, print, fill out and complete 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 (\$125.00)**: 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 (\$70.00)**: Same family as the Home Club member and is entitled to the same benefits.

_____ **Senior Home Club Member (65 & up) (\$85.00)** same as Home club Member

_____ **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 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.

_____ **First year Introductory Member (\$60)**: 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 or any club outside of LTS.

_____ **2nd year introductory member (\$90.00)**: Same benefits as Home Club Member

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

_____ **Home Club Coach (\$77.00)**: 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 2024-25 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 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 the 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. Skaters in a program **MUST** wear 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 2024-25 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: _____

2024-2025 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, 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 to the 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 , X 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

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 competition per family**. If you are out of town, you can make a financial contribution to help with officials' meals and gifts.

Volunteer options include:

Registration - check-in skaters

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

Award Presentation - present medals/Awards to the skaters 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.

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.

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

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 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 healthcare 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, 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 on [the ODH website](#).

Resources

ODH Violence and Injury Prevention Program
<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention
<http://www.cdc.gov/headsup/basics/index.html>

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
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.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

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 healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.

Athlete

Date

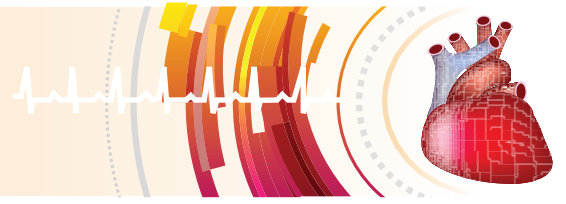
Athlete *Please Print Name*

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) 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