

LDC SUMMER RECREATION REGISTRATION

Contact and Medical Information

Participant's Name: _____ Relationship to Participant: _____

Parent's Name (if participant is a minor): _____

Address: _____

Please indicate which person's phone number you're providing

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Child Name: _____ Age (as of 6/18/2019): _____

Child Name: _____ Age (as of 6/18/2019): _____

Child Name: _____ Age (as of 6/18/2019): _____

Child Name: _____ Age (as of 6/18/2019): _____

Will s/he/they have a birthday between June and August? _____ If yes, when? _____

Medical Information

Doctor: _____ Phone number: _____

Do any of the participants have any known allergies? If yes, please list which participant and what the allergies is/are:

Are any of these allergies life threatening? If yes, who & which allergies?

(If you answered yes to the above question, then we will call you to talk about the necessary precautions that need to be taken to ensure participant's safety.)

Does your child(ern) have any other medical conditions or medications that we should be aware of or that may affect his/her experience this summer? Who & what medical conditions?

Emergency Contact Information

In case of an emergency, we will only call these people if the Parent/Guardian listed above cannot be reached.

Emergency Contact – other than any person's listed above

Name: _____

Relationship to child: _____

Home Phone: _____

Cell Phone: _____

LDC SUMMER RECREATION REGISTRATION

Waiver Form

(Please Complete One Waiver Per Participant)

Participant's Name: _____
(First) (Last)

Part 1

By signing below, I or my child of which I am the legal parent/guardian, hereby authorize that, in case of an emergency, I or my child may be treated by Certified Emergency Personnel (E.g. EMT, First Responder, E.R. Physician).

Participant or Parent/Legal Guardian Signature: _____

Print Name: _____ Date: _____

Part 2

I or my child of which I am the legal parent/guardian do hereby agree to participant or allow my child named on this form to participate in Lac du Cours Summer 2018 activities. I am aware of and understand that there may be potential risks inherent with participating in any recreational activities and I assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Lac du Cours Board, employees, and volunteers for any and all claims, injuries, liabilities, damage or right of action directly or indirectly arising out of the use of Lac du Cours activities.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

Part 3

By checking the boxes below, you the parent/legal guardian are granting LDC Recreation Personnel permission (by not checking the boxes, no permission is granted).

- Allow pictures to be taken of my child during LDC activities and understand that these pictures may be placed on the secure LDC website and may occasionally be posted on a bulletin board in the pool area. **Please note:** We respect your privacy!! We just want to document your child's summer so that you can have pictures for the future. We also want to show the LDC community and your child's friends about the fun activities that occur daily in LDC.
- I allow LDC Recreation Personnel to re-apply sunscreen to my child, if necessary. **Please note:** We expect all children to arrive at his/her LDC activities with sunscreen already applied.
-

Part 4

Due to a Wisconsin law passed in 2012, concussion forms are required for all youth sports activities. Parents/legal guardians must read the Concussion Fact Sheet for Parents/Legal Guardians (link below) and have their child read the Concussion Fact Sheet for Student Athletes (link below). We realize some young children may not be able to read or fully comprehend the information, so we leave it up to the parent/guardian to decide how best to talk to their child about concussions. Parents/legal guardians and players (when age appropriate) must sign the Parent & Athlete Concussion Agreement and return the signed form with the child's LDC application.

Concussion Fact Sheet for Parents/Legal Guardians:

<http://sped.dpi.wi.gov/files/sped/pdf/tbi-conc-facts-parents.pdf>

Concussion Fact Sheet for Student Athletes: <http://sped.dpi.wi.gov/files/sped/pdf/tbi-conc-facts-athletes.pdf>

The CDC also has very useful concussion information if you would like further information:

<http://www.cdc.gov/Features/Concussion/>

LDC SUMMER RECREATION REGISTRATION

Parent & Athlete Concussion Agreement

Related to Concussion Law 2011 – Wisconsin Act 172

(Please Complete One Concussion Agreement Per Child)

Athlete/Participant Agreement:

I _____ have read the participant concussion and head injury information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to LDC personnel and my parents/guardians.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to LDC personnel before returning to practice/play.

I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Participant Signature: _____ **Date:** _____

Parent Agreement:

I _____ have read the parent concussion and head injury information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to LDC Recreation personnel.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Legal Guardian Signature: _____ **Date:** _____

LDC SUMMER RECREATION REGISTRATION



Tennis Registration

Parent/Guardian Name		
Street Address		
City	State	Zip
Home Phone Number	Cell Phone Number	Work Number

Student Information

Student 1	Tennis Level	Session(s)	Amount
Student 2	Tennis Level	Session(s)	Amount
Student 3	Tennis Level	Session(s)	Amount
Student 4	Tennis Level	Session(s)	Amount
			Total

Payment Information

Credit Card Number*	Exp. Date ____ / ____
Type of Credit Card (MasterCard, Visa, Discover, American Express)	

* Credit Card Payment is strongly preferred in order for refunds to be processed for weather-related cancellations. Please contact Kaila Haws at kailahaws@eliteclubs.com or 262-241-4250 (Elite Desk) with questions.

I agree to pay Elite Sports Club the "Total" amount above.

Signature

Date