



2020 – 2021 FULL MEMBERSHIP PACKET

Welcome to the 2020-2021 skating season with the South Dayton Figure Skating Club!

Your membership is valid July 1, 2020 through June 30, 2021; an active US Figure Skating membership is required to participate in USFS-sanctioned tests or competitions.

In this packet you will find:

1. SDFSC dues outline.
2. Full Membership Registration form (2 pages).
3. Volunteer Commitment form.
4. SDFSC SafeSport Policy
5. Statement of Understanding regarding skater behavior.
6. SDFSC Skating Guidelines for skaters and parent.
7. City of Kettering Code of Conduct.
8. Waiver of Liability: must be on file before you may skate. This waiver must be signed by both parents (if applicable).
9. Concussion Information Sheet: This waiver must be signed by both parents (if applicable).
10. Club Ice Schedule
11. Club Event schedule.

Please return completed:

- Registration**
- Volunteer Commitment**
- Statement of Understanding**
- Waiver of Liability**
- Ohio Department of Health Concussion Information Sheet**

with dues payment to:

**South Dayton Figure Skating Club
P.O. Box 293003
Kettering, Ohio 45429**



2020 – 2021 DUES – FULL MEMBERS

United States Figure Skating Membership Dues

- \$85 yearly, non-refundable fee (membership valid July 1-June 30);
- Include membership for skater and one voting parent;
- \$25 for each additional skater in the same family.

South Dayton Figure Skating Club Membership Dues

- \$55 yearly Club membership dues to pay for administrative expenses; annual banquet cost; social events; supplies; web site; and membership in Tri States Skating Council & Southern Eastern Great Lakes Skating Council.

South Dayton Figure Skating Club Ice Fees

- Club ice fees for 2020-2021 to pay for club ice rental: \$180 / month, September 2020 through April 2021. **Note: this year there are 8 payments, not 9 payments.**
- The Club Ice fees for each additional skater in a family are \$150 / month.
- Skaters are eligible to participate in up to three hours of Club Ice sessions each week.

Security Deposit

- \$50 one-time fee to be carried over from one skating year to the next;
- May be refunded at the end of the skating year for an account in good standing;
- Will be forfeited if a skater renews their membership but does not fulfill their membership commitment.

Show Tickets:

- Each family is charged \$40 for 8 Winter Recital tickets and 4 Spring Fling tickets.

Late Registration Fee (Returning Members)

- ~~\$50 fee if renewing after June 30, 2020~~



2020 – 2021 FULL MEMBERSHIP REGISTRATION

(2 pages)

Skater Information:

Last Name _____ First Name _____

USFS # (if new to SDFSC) _____ Birthdate (if new to SDFSC) _____ Gender: M / F

Ice-Free member? Yes _____ No _____ If "Yes" which team: _____

Coach(es): _____

School: _____ Grade Level _____

Voting Parent/Guardian Information:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

USFS# (if new to SDFSC) _____ Birthdate (if new to USFS; required for USFS membership) _____

If joint custody, Additional

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

(Registration - Page 2)

E-MAIL ADDRESSES:

E-mail and our website are our primary means for communication. The Board attempts to keep e-mails to the minimum necessary. All official club e-mails will start with "SDFSC".

(required) Parent 1 E-mail: _____@_____

(optional) Parent 2 Email: _____@_____

(optional) Skater E-mail: _____@_____

(optional) Additional E-Mail: _____@_____

SDFSC 2020 – 2021 Dues

Due at registration:

US Figure Skating membership for first skater in family, \$85 each	1 skater x \$85 =	\$85.00
USFS membership for additional skater in the family, \$25 each	___ skaters x \$25 =	
South Dayton Figure Skating Club membership, \$55 each	___ skaters x \$55 =	
Deposit for new club members, one-time \$50 each	___ skaters x \$50 =	
Late fee for returning members, \$50 each	___ skaters x \$50 =	
Show tickets-8 for Winter Recital, 4 for Spring Fling	1 family x \$40 =	\$40.00
Total due at Registration		

Check No. _____

Parent Signature _____

Date _____

Skater Signature _____

Date _____

Please return completed Registration, Statement of Understanding, Waiver of Liability, Concussion Information Sheet, and Volunteer Commitment forms with dues payment to:

**South Dayton Figure Skating Club
P.O. Box 293003
Kettering, Ohio 45429**



2020 – 2021 SDFSC VOLUNTEER COMMITMENT

Volunteering

Full member families are required to do a minimum of 25 volunteer credits/ hours:

* Club Ice Sessions	15 credits / hours as follows:
September – November	5 credits / hours
December – February	5 credits / hours
March – April	5 credits / hours
* Silver Skate	5 credits / hours
* Other Events	5 credits / hours

If the volunteer credits are not fulfilled by the Awards Banquet, a payment of \$15 per unfilled credit / hour is due by May 15th up to a maximum of \$450.

Club Ice Sessions: Each Club Ice session requires one Ice Monitor. [Sign-ups will take place in August.]

Please check the Silver Skate activities in which you would like to participate:

- | | |
|--|--|
| <input type="checkbox"/> Registration | <input type="checkbox"/> Set Up / Take Down |
| <input type="checkbox"/> Ice / Program Schedule Monitor | <input type="checkbox"/> Vendors |
| <input type="checkbox"/> Music / Announcing | <input type="checkbox"/> Printed Program |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Hospitality |

Please check the Events in which you would like participate:

- | | |
|--|---|
| <input type="checkbox"/> Winter Recital | <input type="checkbox"/> Test Session - Summer |
| <input type="checkbox"/> Spring Fling | <input type="checkbox"/> Test Session - November |
| | <input type="checkbox"/> Test Session - March |

Parent's Signature & Date

**Please return completed form to:
South Dayton Figure Skating Club
P.O. Box 293003
Kettering, Ohio 45429**



SDFSC SafeSport Policy



The South Dayton Figure Skating Club is committed to creating a safe and positive environment for members' physical, emotional and social development and ensuring that it promotes an environment free of misconduct.

The U.S Figure Skating Association SafeSport Program establishes policies and guidelines for recognizing and reporting misconduct during U.S. Figure Skating sanctioned events and within skate clubs and Learn to Skate programs.

Certain individuals are required to complete SafeSport training and some will also be required to complete a background check before interacting with minors.

Misconduct can include sexual, physical, emotional, bullying, harassment and hazing behaviors.

Covered individuals who are over the age of 18 are required to report any suspected SafeSport violations related to or accompanying sexual misconduct. Covered individuals who fail to report SafeSport violations will be subject to disciplinary action.

All individuals, including those who are not members of U.S. Figure Skating, are encouraged to report suspected violations of SafeSport.

US Figure Skating SafeSport Handbook:

https://www.usfigureskating.org/sites/default/files/media-files/U.S.%20Figure%20Skating%20SafeSport%20Handbook_2.pdf

To report a concern:

<https://www.usfigureskating.org/safesport> -> "Report A concern to U.S. Figure Skating"

To Report Sexual Misconduct Violations:

Individuals should report suspected sexual misconduct violations directly to the U.S. Center for SafeSport.

Online Reporting Form - <https://uscenterforsafesport.org/report-a-concern/>

Phone: 720-531-0340

SDFSC Compliance Officer:

Monique Tremaine, 937.380.7160 or mctremaine@gmail.com



2020 – 2021 SDFSC STATEMENT OF UNDERSTANDING

(Return With Registration Form)

- I understand that all fees are due the 1st of the month, and must be paid in full no later than the 8th of the month, or testing, skating, and performance privileges will be revoked. Full members will forfeit their skating deposit if they do not complete the entire skating year.
- I understand that the board reserves the right to adjust session offerings and/or increase fees during the season to ensure the financial viability of the club.
- I understand there is a 25 credit / hour volunteer commitment. I further understand that if the volunteer credits / hours are not fulfilled by the date of the end of season banquet, a payment of \$15 per credit is due by May 15th, 2021 up to a maximum of \$450.
- I give** permission for my/ my child’s photo or video image to be used by South Dayton Figure Skating Club for club activities and/or promotions.
 - I do NOT give permission for my/my child’s photo or video image to be used by South Dayton Figure Skating Club for club activities and/or promotions.

Parent Signature _____ **Date:** _____
(or Adult skater if enrolling as Full Member)

The South Dayton Figure Skating Club is committed to creating a safe and positive environment for members’ physical, emotional and social development and ensuring that it promotes an environment free of misconduct.

I recognize that my participation or my child’s in all the activities associated with U.S. Figure Skating and South Dayton Figure Skating Club is an honor and privilege that carries certain responsibilities. I agree to fully abide by the rules and guidelines set forth by U.S. Figure Skating or its properly designated agents.

- I have read the SDFSC Skating Guidelines for skaters and parents and the City of Kettering Code of Conduct and agree to abide by them.

Parent’s Name _____ Signature: _____

Skater’s Name _____ Signature: _____

**Please return completed form to:
South Dayton Figure Skating Club
P.O. Box 293003
Kettering, Ohio 45429**



2020 – 2021 SDFSC SKATING GUIDELINES

- ❖ Skaters practicing a program with music have the **first** right of way.
- ❖ Skaters should limit their social talking on the ice including along the boards. Please move to the hockey box.
- ❖ All club skaters must behave responsibly and be considerate of others.
- ❖ Skaters must wait until the beginning of the session to enter the ice and must exit the ice immediately at the end of the session.
- ❖ Groups of skaters (dance, group numbers, MIF, pairs, shadowing other skaters, or synchronized skating) are limited to two skaters in formation – unless they are in a class.
- ❖ Skaters should take care when entering the ice and enter using the hockey box nearest the ice entrance (Kettering) or the gate closest to the lobby doors (South Metro).
- ❖ The number of times that skaters may request personal program or synchronized skate music played is twice during a session. (Coaches have one priority music request in any 15 minute period.)
- ❖ Eating, drinking, gum chewing, and using boom boxes or earphones is prohibited. Water bottles are permitted in the hockey box.
- ❖ Skaters must not talk to a pro when that pro is teaching another skater, and skaters are not permitted in the pro office unless requested by their coach.
- ❖ Skaters should not leave anything of value in the lobby or the locker room. Lockers are available in the lobby.
- ❖ Skaters must wear appropriate skating attire for safe skating. Long hair must be tied back. Jeans and shorts are not permitted.
- ❖ Visiting skaters must have permission from the walk-on registration volunteer or a Board member.
- ❖ Parents/non-skating family members must sit behind the Plexiglass barriers during ice time. No parents or non-skaters are permitted in the hockey boxes or in the area where skaters enter or exit the ice.
- ❖ Parent/skater/pro conference must take place in the lobby or office area before or after ice sessions.
- ❖ Parents are responsible for the behavior of their children.



2020 – 2021 CITY OF KETTERING CODE OF CONDUCT

Upon entering a city of Kettering recreation facility and/or grounds, you are a participant of the Parks, Recreation, and Cultural Arts Department program, and therefore are required to abide by the rules of the Department. Your cooperation and consideration of these rules will ensure all participants' enjoyment of our programs. The following list of rules and regulations will be adhered to at all times.

The following are prohibited:

- ❖ Fighting or disorderly conduct
- ❖ Any destruction or defacing of City property, to include lettering
- ❖ Insulting, vulgar, or disrespectful language
- ❖ Smoking of cigarettes, cigars, or pipes
- ❖ Chapter 612.12 of the City ordinance prohibits any use of alcoholic beverages of any kind on City property without a permit
- ❖ Possession or sale of drugs, gambling, possession of guns, knives or other possible weapons
- ❖ Dogs, cats, and other pets (except those required for mobility assistance)
- ❖ Loitering in cars around the parking lot
- ❖ Persons vandalizing or stealing cars, equipment, supplies, or personal items belonging to participants or personnel will be referred to the authorities
- ❖ No one is permitted on the ice without skates
- ❖ Skaters/hockey players may not sit or lean over the boards which the Zamboni is on the ice
- ❖ Hockey players will not swing sticks or any other equipment outside of players' box while the Zamboni is on the ice
- ❖ Players will not stretch or warm-up on the ice while the Zamboni is on the ice
- ❖ The players' box door MUST remain closed upon entering and exiting
- ❖ NO ONE is permitted on the ice until Zamboni doors are closed by a staff member, after the Zamboni has finished
- ❖ The Arena Manager reserves the right to terminate any ice time (during the rental) which violates any rules or regulations



2020 – 2021 WAIVER OF LIABILITY

(Return with Registration Form)

The following must be completed by every skater before stepping on the ice contracted by SDFSC with the City of Kettering and South Metro:

I/we hereby agree that the South Dayton Figure Skating Club, its members, the pros paid by it and its Board Members and (collectively known as the “Club”), the City of Kettering, its employees, agents, officials and volunteers (collectively referred to as the “City”), and South Metro Ice, Inc., its agents, servants, employees and members (collectively referred to as “South Metro”) shall not be liable for any injury or loss which my child or children, or myself, may sustain while participating in activities at the Kettering Recreation Complex or at South Metro Sports Facility in connection with the ice skating training sponsored by the club during the period July 1, 2020 through June 30, 2021.

I/we agree to indemnify and hold harmless the Club, the City, and South Metro from any claim whatsoever in connection with ice skating and/or off-ice training sponsored by the Club at the Kettering Recreation Center and at the South Metro Sports Facility during the period July 1, 2020 through June 30, 2021.

I/we understand that all such training, including but not limited to use of a jump harness, is not merely sponsored by but is conducted solely by the Club. Accordingly, I/we agree that the City has no legal liability or responsibility whatsoever for any injury, incident, claim or other matter which occurs during or in connection with such training, other than for the condition of the ice itself at the time of each particular training session begins.

Optional consent to medical treatment (if the persons who sign this form do not grant consent to medical treatment, the following paragraph **must be** crossed out):

I/we consent to medical treatment and/or checkup or emergency medical services being given or administered for the illness or injury to myself which arises or is apparent at a training session sponsored by the Club. Those services may be given by any doctor, nurse, hospital or emergency personnel called to assist and/or to transport me or my child to a hospital, and also includes surgical treatment if determined necessary by a physician.

Our insurance policy for medical/surgical treatment is with the following company or health organization:

_____ policy # _____

Full name of skater _____

Skater signature (required) _____ Date _____

Parent full name _____

Home phone: _____ Cell phone: _____

Parent signature (required) _____ Date _____

Parent full name _____

Parent signature (required, if joint custody) _____ Date _____

Home phone: _____ Cell phone: _____

**Please return completed form to:
South Dayton Figure Skating Club
P.O. Box 293003 • Kettering, Ohio 45429**

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 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, 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 at [the ODH website](#).

Resources

ODH Violence and Injury Prevention Section
<http://www.odh.ohio.gov/concussion>

Centers for Disease Control and Prevention
<https://www.cdc.gov/headsup/youthsports/>

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
Violence and Injury
Prevention Section
246 North High Street, 5th Floor
Columbus, OH 43215
(614) 466-2144

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

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

