

Dear Silver Blades Members and Parents:

It is time to renew your membership in Findlay Silver Blades Figure Skating Club for the 2018-19 season.

Club fees will be \$650.00 (which includes the \$150.00 non-refundable deposit per skater). ALL club fees are non-refundable. This Club Membership does include both ISI and USFS Membership for Group B, C and D and Learn to Skate USA for Group A. There will be no fundraisers as we realize you get over whelmed with them. We also are offering a multiple family discount of \$ 50 for those families that have more than one sibling who are members of Findlay Silver Blades FSC. This does NOT apply to Associate Membership Fees. When indicating which payment option below, please also check the box for Multiply Family Discount if you have more than one child who skates in Findlay Silver Blades FSC:

_____ Deposit of \$150.00 per skater included

_____ **Option A Full year:** \$250.00 per skater due on or before September 15 with the balance of \$250.00 per skater due on or before November 15.

_____ **Option B Full year:** \$100.00 monthly payments per skater starting August 15 through December 15 (five total).

_____ **Option C:** Contact the treasurer to work out a personal plan prior to September 10.

_____ **Half Year Membership:** The skater will skate from September to December and end with our Holiday Show. Half year club membership is \$320.00. \$150.00 per skater deposit at time of registration and \$85.00 per skater due September 15 and a final payment of \$85.00 per skater due October 15. USFS Membership is not included with this option. If they would like to continue after December, then the remaining balance of \$330.00 will be due.

_____ **Multiple Family Discount**

Any skater whose balance is not paid in full by the December 15th deadline will incur an additional \$25.00 late payment fee. There will be a \$25.00 fee for returned checks.

To renew your membership in Findlay Silver Blades FSC, please complete the attached forms (membership application, medical form, ice rules, photo release, concussion and Lindsay's Law forms) no later than July 27, 2018 along with your \$150.00 non-refundable deposit to our membership committee:

Ashley Line, 158 Katarina Lane, Findlay, Ohio 45840.

Checks should be made payable to Findlay Silver Blades FSC.

If you have any questions, please e-mail findlaysilverbladesmembership@gmail.com. We look forward to another exciting year on the ice!

FINDLAY SILVER BLADES FIGURE SKATING CLUB
Membership Application 2018-2019

PLEASE CHECK THE APPROPRIATE BOX **New Member** **Returning Member** **Half Year Member**
Please complete all forms and include a ***non-refundable \$150.00 deposit*** and mail to our membership committee: Ashley Line, 158 Katarina Lane, Findlay, Ohio 45840.

Checks should be made payable to Findlay Silver Blades FSC. If there are any questions, feel free to email us at findlaysilverbladesmembership@gmail.com. **DEPOSIT MUST BE RECEIVED BY FRIDAY JULY 27, 2018 TO RESERVE YOUR CHILD'S PLACE ON THIS YEAR'S ROSTER.**

Please print legibly and fill out the entire form.

Skater Name _____ DOB _____ Are you a U.S. Citizen? _____

ISI # _____ USFS # _____

Skater Name _____ DOB _____ Are you a U.S. Citizen? _____

ISI # _____ USFS # _____

Skater Name _____ DOB _____ Are you a U.S. Citizen? _____

ISI # _____ USFS # _____

Address _____ City/Zip _____

Home Phone _____ Cell Phone Mom _____ Cell Phone Dad _____

School(s) attending for 2018-19 _____ Grade(s) _____

Father's Name _____ Occupation/Employer _____

Address (if different than applicant) _____

Mother's Name _____ Occupation/Employer _____

Address (if different than applicant) _____

E-mail Address
Of **PARENT** _____ 2nd e-mail (optional) _____

Check Payment Option: **Option A** **Option B** **Option C** **MULTIPLE FAMILY DISCOUNT**

Are there any special circumstances, i.e. medical conditions, custody arrangements, etc., that the instructors should be aware of? _____

The undersigned, for myself, my family, and the member specified herein, applies for membership in the Silver Blades Figure Skating Club (SBFSC) and in consideration of membership in SBFSC, freely assumes all risks, hazards and losses connected with participation in SBFSC, agrees to abide by all rules and regulations of SBFSC and shall indemnify and hold harmless SBFSC, its officers, directors, members and staff from any and all claims, demands, losses, expenses, causes of action and liabilities of any kind of injuries to persons and/or damage to property arising directly or indirectly out of SBFSC membership and/or activities regardless of the negligence on the part of anyone whatsoever. I understand that **all fees** paid for membership are non-refundable unless the injury/refund policy would apply. I understand the facts about concussions and have signed the concussion agreement form. There will be a \$25.00 fee for returned checks.

Signed: _____ Date: _____
(Parent or guardian must sign for those under age 18)

For Office Use: Date Received _____ Amt. _____ Check # _____

Silver Blades Emergency Medical Authorization Form

Skater's Name: _____ DOB: ___/___/___ ISI Level/Number ___/___
 Skater's Name: _____ DOB: ___/___/___ ISI Level/Number ___/___
 Skater's Name: _____ DOB: ___/___/___ ISI Level/Number ___/___

Address: _____
 Home Phone _____ Parents' Names _____
 If divorced or separated, who has legal custody? (please circle) Mother Father

Purpose of the Emergency Medical Authorization – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under club authority, when parents or guardians cannot be reached.

Part I or II Must Be Completed

Part 1 – Grant Consent

| <u>Order</u> | <u>Name</u> | <u>Place of work</u> | <u>Phone or Cell Phone</u> |
|--------------|--------------------|----------------------|----------------------------|
| _____ | Father _____ | _____ | _____ |
| _____ | Mother _____ | _____ | _____ |
| _____ | Guardian _____ | _____ | _____ |
| _____ | Grandparents _____ | _____ | _____ |
| _____ | Sitter _____ | _____ | _____ |
| _____ | Other Person _____ | _____ | _____ |

I hereby give consent for the administration of any treatment deemed necessary by :

Family Physician: _____ Phone _____
 Family Dentist: _____ Phone _____
 Medical Specialists: _____ Phone _____

In the event the designated preferred physician is not available; I hereby give consent for treatment by any licensed physician or dentist. **YES** _____ **NO** _____ I hereby give consent to allow my child to be transported by Emergency Medical Services to _____ Hospital or any hospital accessible. This authorization does NOT cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. **Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which the club or a physician should be alerted** _____

Date: _____ **Signature of parent or Guardian** _____

Part II – REFUSAL TO CONSENT

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury Requiring emergency treatment, I wish the **CLUB** authorities to take no action or to: _____

Date: _____ **Signature of Parent or Guardian** _____

ICE RULES - SILVER BLADES SKATING CLUB

As a skater and parent or guardian, I agree to conduct myself in a manner which exhibits good sportsmanship at all times. This includes showing respect, through proper behavior and language towards skaters, professional instructors, volunteers, and board members. I understand that any behavior on my part that is offensive or disrespectful may result in my immediate dismissal from skating and/or the club.

1. No one shall enter the ice unless a Club professional or Board member is present.
2. Skaters under 9 years of age **MUST** have a designated, responsible adult present during their time on and off the ice at The Cube in case of an emergency such as an accident, weather/power failure, conduct, or schedule change. Skaters 10-16 years of age are strongly encouraged to do so as well. Non-skating children should never be left at the rink unsupervised.
3. Allow instructors to have your child's full attention at all times during lessons. It is preferred that parents/friends stay in the lobby of The Cube or watch from the bleacher area.
4. Be courteous and respectful at all times to ensure safe skating. Tag, horseplay or running (on or off the ice) is prohibited. Always use Social Media in a positive and responsible manner.
5. Yield to the **called** skater (the skater who is skating to his/her music). The **called** skater will be wearing a bright colored vest to highlight his/her identity.
6. Gouging holes in the ice (by accident or on purpose) may cause a fall or injury. Please repair holes immediately.
7. Please refrain from sitting on or climbing over the ice arena boards or barriers.
8. Skaters' cell phones must stay in the lobby. Skaters shall not carry and/or use cell phones inside the ice rink area during their scheduled skating time.
9. Skaters are prohibited from **carrying** an iPod or music player while skating.
10. Chewing gum or food on the ice is prohibited. The Cube **prohibits** gum and any outside food in its facility

PARENT'S RESPONSIBILITIES

1. Parents need to check the Silver Blades bulletin board, website, and emails for up-to-date notices and/or changes to such things as schedules & ice rules.
2. Encourage good sportsmanship by demonstrating positive support for all skaters, coaches and officials at every practice, competition and test session. Always use Social Media in a positive and responsible manner.
3. Respect the decisions of officials and their authority during competitions and test sessions and teach skaters to do likewise.
4. Resolve conflicts without resorting to hostility or violence.
5. Show appreciation and recognize the importance of volunteers and club officials.

Enforcement of the rules will be determined by the Club professional instructors in cooperation with the Silver Blades' Board of Directors. In the event that any of the above rules are not followed, skaters and/or parents may be removed from the ice, the Cube, and/or the Club without reimbursement of any such fees.

Please sign to indicate you've read and agree to the above rules, responsibilities, and consequences.

Print Skater's Name _____ Skater's Signature _____ Date _____

Print Skater's Name _____ Skater's Signature _____ Date _____

Print Skater's Name _____ Skater's Signature _____ Date _____

Print Parent's Name _____ Parent's Signature _____
Date _____

Photo Release Form

PARENTS: YOU **MUST** choose one for your skater(s).

I grant to Findlay Silver Blades Figure Skating Club and its representatives the right to take photographs of my skaters, _____, _____, _____, me and my property. I authorize Findlay Silver Blades Figure Skating Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Findlay Silver Blades Figure Skating Club may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

Signature, parent or guardian _____ (if under age 18)

OR

I **DO NOT** authorize Findlay Silver Blades Figure Skating Club and its representatives the right to take photographs of my skaters, _____, _____, _____, me and my property. I **DO NOT** authorize Findlay Silver Blades Figure Skating Club, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

Concussion Agreement

It is important for skaters and their parents / legal guardians to recognize and respond to the signs and symptoms of a concussion. By signing this form, you are stating that you understand this importance.

This form must be submitted for each skater, every skating season, before s/he is allowed to take part in any ice time offered by the Findlay Silver Blades Figure Skating Club ("Silver Blades").

I, _____, parent / legal guardian of the following skater(s):
Printed Name

Printed Skater Name(s)

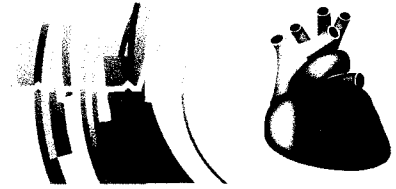
affirm that I:

1. Have read the Youth Sports Organization Concussion Information Sheet, and understand the signs and symptoms of a concussion, as well as the possible consequences of my skater returning too soon.
2. Have read and agree to the Silver Blades Injury Policy.
3. Understand that if my skater shows signs or symptoms of a concussion:
 - a. It is my responsibility to seek treatment for her / him.
 - b. S/he may not return to the ice the same day that s/he is removed from the ice.
 - c. S/he may not return to the ice before written release from a physician qualified to evaluate concussions has been approved by the Silver Blades Executive Committee.
 - d. I am solely responsible for enforcing any restrictions detailed in the physician's release.
4. Understand that the liability waiver, contained within the Silver Blades Membership Agreement, remains in effect after my skater's return to the ice.

Signature

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'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 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

Ohio Department of Health Concussion Information Sheet

For Youth Sports Organizations

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.



www.healthyohioprogram.gov/vipp/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 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.

Resources

ODH Violence and Injury Prevention Program
www.healthyohioprogram.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

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. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. 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.

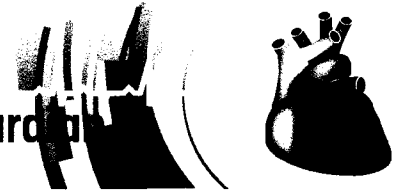


Ohio Department of Health
Violence and Injury Prevention Program
246 North High Street, 8th Floor
Columbus, OH 43215
(614) 466-2144

www.healthyohioprogram.gov/vipp/concussion

Sudden Cardiac Arrest and Lindsay's Law

Information for the Youth Athlete and Parent/Guardian



- Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
 - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
 - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
 - 3) All practices, interschool practices and scrimmages
- Any of these things may cause SCA:
 - 1) Structural heart disease. This may or may not be present from birth
 - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
 - 3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection
- Warning signs in your family that you or your youth athlete may be at high risk of SCA:
 - o A blood relative who suddenly and unexpectedly dies before age 50
 - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- Warning signs of SCA. If any of these things happen with exercise, see your health care professional:
 - Chest pain/discomfort
 - Unexplained fainting/near fainting or dizziness
 - Unexplained tiredness, shortness of breath or difficulty breathing
 - Unusually fast or racing heart beats
- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.

- Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or 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 and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
- If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
 - ❖ Link 1: Early recognition
 - Assess child for responsiveness. Does the child answer if you call his/her name?
 - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
 - ❖ Link 2: Early CPR
 - Begin CPR immediately
 - ❖ Link 3: Early defibrillation (which is the use of an AED)
 - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
 - If an AED is not available, continue CPR until EMS arrives
 - ❖ Link 4: Early advanced life support and cardiovascular care
 - Continue CPR until EMS arrives
- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.