

# Registration Packet

## Fall 2015/Winter 2016



Aloha Pau Hana swimmers and families!

I would like to welcome back all current swimmers and welcome our new swimmers! I am looking forward to another awesome 2015-2016 swimming season and can't wait for it to get started. We are very fortunate once again to be training at the beautiful Trumbull Aquatic Center at Denison.

In the following pages you will find very important information on the registration process, team policies, practice groups, schedules, and forms that need to be filled out and returned to Teresa at the 1st practice. Please take the time to read through this.

Our training schedules have been designed to work around the pool space we have been offered. More pool space is available during our EARLIER practice times so all swimmers who have the earlier release times from school need to attend these group practices (Northridge, Watkins, Utica, Tri Valley, Heath, Granville HS & MS). I do realize some of you may be a bit late to the early practice time so please do the best you can.

There will be a limited number of swimmers in each of the later groups because of lane space once the high school season starts in November so I encourage you to register as soon as you can. If you trained in the later group last year that will be the group I will expect you be in unless you tell me otherwise. New swimmers will need to be approved by me in order to be in the LATE groups (unless you are in Poni or Koa).

Once the groups are filled you will be put on a WAITING list. Please be patient and I will get back with you as soon as I can.

Here's to our Pau Hana family making some FAST Swimmin' WAVES!!

Swimmingly Yours,  
Teresa

## **Pau Hana Mission Statement**

The Pau Hana Swim Team is a member of United States Swimming. Our program offers high quality coaching and technique instruction for swimmers who desire to excel to their own unique potential. The goal of our program is to offer an environment that positively challenges each swimmer in a manner that benefits them physically, emotionally, and mentally.

## **Important Pre-Season Dates**

Registration for Returning Swimmers opens: August 24th, 2015

Registration for New Swimmers opens: August 27th, 2015

First Practice: September 8th, 2015

Season Ends: March, 13, 2016

## **Registration Information**

Registration is completed online on our team website, [www.pauhanaswimteam.com](http://www.pauhanaswimteam.com), by clicking "Online Registration" to begin the process and following the onscreen prompts after that.

Returning swimmers, please be sure to update all of your information including email, address, ect. Paperwork to be turned into your coach:

1. Emergency Medical Form, all swimmers please update, page 10
2. USA Swimming Transfer Form (new swimmers only), page 11
3. Concussion Form, pages 12-14
4. Code of Conduct, all swimmers & parents must sign), page 15
5. USA Safe Sport Training, all swimmers and parents need to take this online training; a link will be sent out once the season starts

Please note, your registration is not complete until all paperwork and payments have been turned in. If you have questions on registration, please contact Kelly Fenimore at [KFenimore@castoinfo.com](mailto:KFenimore@castoinfo.com).

## **Credit Card Processing!**

Your registration and meet fees can be automatically charged to your credit card each month - no more worries about having money in your escrow account and constant monitoring of your balance. This can be set up during the registration process or afterward in your account - please note that a credit card transaction fee will be added to your monthly total to offset the fees charged by Mastercard/Visa/Discover. Please contact Jen Bunstine with credit card/escrow questions at [bunstine@columbus.rr.com](mailto:bunstine@columbus.rr.com).

## **Team Vendor & Apparel**

The Pau Hana Swim Team is a SPEEDO sponsored program. They are the official supplier of our swim equipment, suits, and warm-ups. Their support allows our members to receive discounts on Speedo products. In return for their support we are expected to support SPEEDO and their products. So you are asked to wear all SPEEDO suits and attire when they are required TEAM Apparel.

All swimmers will be required to wear our team uniform to all competitions. No exceptions. team uniform will consist of:

- Speedo Team Suit
- PHST Cap
- PHST T-Shirts
- PHST Warm-ups

Our team vendor is Aquatic Outfitters of Ohio. Team suits, sweats, bags, parka's, ect. can be purchased through them and a team fitting is scheduled for September 15th from 4:00-7:00pm at the Sigma Chi house on Denison's campus. Aquatic Outfitters can be found by clicking on their logo on the left hand side of our website (this takes you to our team page) or at [aquaticoutfittersofohio.com](http://aquaticoutfittersofohio.com) or 330-498-9179. More information will be coming soon on our team fitting.

We will also have a team apparel sale prior to the start of the season where you may purchase various t-shirts, sweats and other apparel (other than Speedo apparel that can be purchased from our team vendor). More information on the apparel sale will be coming soon as well.

## **Equipment Requirements**

Equipment can be purchased through our vendor, Aquatic Outfitters, or by using the SwimOutlet Store tab on our team's website. Please be sure to either click on the link from our website or type in the full address [www.swimoutlet.com/pauhanaswimteam](http://www.swimoutlet.com/pauhanaswimteam). Purchasing through this website or by clicking on the link on our website, allows our team to earn cash back as a fundraiser for us!

### **Fins (all Groups)**

Alpha Fin

Tritan Fin

### **Paddles (all but Hui Poni & Koa)**

Speedo Power Paddles

Biofuse Paddles

### **Kickboard (all Groups)**

Speedo Jr. Kickboard

### **Pull Bouy (all but Hui Poni & Koa)**

Speedo Pull Buoy II

### **Mesh Bags (all Groups)**

### **Water Bottle (all Groups)**

## **Team Fees and Expenses**

Team Fees are outlined by practice group on pages 6 & 7 below. This season you have additional options to pay team fees - you may pay by credit card or check, in full or in six monthly installments. Additional fees will be charged to each swimmer as follows: \$100 travel fee to cover coaches travel expenses for meets and a \$25 Registration/Administration fee. Swimmers are also responsible for their \$64 USA Swimming Membership. As mentioned under the credit card information, the processing fees charged by Mastercard, Visa & Discover, will be added to each meet fee billed. **Our team will also be participating in fund raisers over the course of the season to help offset expenses** - there will be an option to opt out of the fund raisers via payment if you choose to do so.

## **Escrow Accounts**

An Escrow Account is a deposit account which is used to pay meet entry fees for swimmers. **This season, you have the option to have a credit card on file to cover all meet fees and thus forego the typical escrow process.** A swimmer will incur a fee for each individual event he/she swims, and for any relay events in which he/she participates. These fees are the responsibility of the swimmer and his/her family. Entry fees are non-refundable, and therefore families are responsible for payment of the entry fees even if the swimmer subsequently has to withdraw from the meet for any reason. Entry fees for relays that have to be scratched due to a swimmer being a "no-show" at the meet are the responsibility of the swimmer who did not attend the meet.

We REQUIRE every family to have an escrow account or **credit card on file**. Swimmers will not be entered in a meet if there are not sufficient funds in the Escrow Account to cover the associated entry fees **or a valid credit card on file**. There will be no exceptions! You will be able to view the status of your escrow account on our website at any time, so please be sure to check that you have adequate funds to cover these fees before signing up for a meet or a valid credit card on file. Simply log-in, and click the "\$ My Invoice/Payment" button to view your account. Please note that that a "-" (minus sign - negative balance) in your escrow account means that you have a credit balance. A positive balance in your escrow account means that you have a balance due and it must be paid right away.

The individual meet packets (which will be posted to our website under " Meets & Events") will include the per event entry fee ... you can estimate your fees for a meet quite easily with this information. You may deposit funds to your account at anytime throughout the season.

For the 2015/2016 Fall/Winter Season, it is **required to have a credit card on file or an initial deposit of \$100.00**. If you choose to make a deposit rather than leaving a credit card on file and this amount is depleted, you should make an additional deposit to your escrow account to cover upcoming meets. Any unused amount can be rolled over to the next season or returned upon request.

Please contact Jen Bunstine with credit card/escrow questions at [bunstine@columbus.rr.com](mailto:bunstine@columbus.rr.com).

## **Practice Groups**

The Pau Hana Swim Team offers progressive training and practice groups from the novice swimmer to the elite swimmer. It is the goal of the Pau Hana Swim Team to offer age specific training for all of our athletes geared towards challenging each individual and developing each individual to the best of THEIR ability. Swimmers are assigned to practice groups by the coaching staff. They are continually evaluated and moved up as deemed ready. Any new swimmers must be evaluated prior to registration (please contact the Head Coach, Teresa Fightmaster, to schedule).

### **Kamehameha (The One Set Apart) (\$1,350 or 6 monthly payments of \$225)**

This group is made up of swimmers 13 and older who have increased their level of commitment to and focus on swimming and want to get the most out of their training every practice. Training emphasis is on fine tuning stroke mechanics, increased physical conditioning, and improved racing strategies. Goals for this group are to compete and score at USA JO's and Zones, the High School District & State meets, as well as the USA Sectionals and Junior National meets. They are expected to compete at the highest level meet they qualify for during the season with the team.

You must also be committed to your workouts and training to the best of your ability each practice. You are also highly encouraged to submit a goals/expectation sheet to Teresa the first week of the season.

### **Hui Alani (Team Orange) (\$1,200 or 6 monthly payments of \$200)**

This group is for high school swimmers, 14 and over, who are interested in increasing their conditioning level as well as working on proper stroke mechanics. Workouts will consist of training all 4 strokes, drill work as well as instruction on race strategy. The goal for this group is to build a great stroke and conditioning base to be better prepared for high school swim season. They should also be willing to compete at the USA Senior meet championships at season's end.

### **Hui Akala (Team Pink) (\$1,200 or 6 monthly payments of \$200)**

This group is for the more experienced and committed 11-14 year old swimmers who are serious about their goals and training. Training emphasis is on advanced stroke technique work, increased physical conditioning, and improving racing strategies. The goal for this group is to qualify for Junior Olympics. They should be willing to compete at the highest level meet that they qualify for during the season with the team.

### **Hui Polu (Team Blue) (\$1,000 or 6 monthly payments of \$166.67)**

This group is for the 9-14 year old swimmers who are increasing their commitment to the sport of swimming. Training emphasis is on proper stroke mechanics, increasing their conditioning level, and intensity of workouts. The goal for this group is to progress to qualifying for and participating at the Junior Olympics.

### **Hui Poni (Poh'nee) (Team Purple) (\$750 or 6 monthly payments of \$125)**

This group is made up of 8 - 12 year old swimmers. Training focuses on learning proper stroke mechanics for all four competitive strokes, working on starts and turns, and increased conditioning. The goals for this group are to have fun, learn while being challenged to compete at their own unique ability levels and competing at the USA Regional meet.

## New this Season: Koa Kids (Warrior)

This group consists of 8 and unders who will have the opportunity to practice in 2 separate swimming sessions. The first session offered will be a stroke mechanic, drill oriented clinic that will meet 1x per week. (September 8- October 31, 2015)

The second session will be a progression from a clinic type training to one which will increase their conditioning level meeting 2x per week. Specific drills and proper stroke work will continue to be learned as well as providing an environment that encourages having fun and being challenged to reach their potential. Specific meet participation will be recommended: (November 22, 2015; January 31 & March 5-6, 2016)

Coaches: Kim Lloyd & Amanda Schneider

Koa 7 week Stroke Clinic:

When: September 8- October 31st, 2015

Time: 12:30-1:30pm

Day: Sunday (except Sunday October 4th & Nov 1st)

Cost:

- \$125
- 2016 Annual USA Membership \$64
- \$25 Admin Fee (One time Fall/Winter enrollment)

Max 16 swimmers

Koa Winter Session:

When: November 2, 2015- March 6th, 2016

Time/Days: Wednesday 7-8pm & Sunday 12:30-1:30pm

\*\* Practice days will vary during Thanksgiving & Christmas Break\*\*

Cost:

- \$300
- 2016 Annual USA Membership \$64
- \$25 Admin fee (One time Fall/Winter enrollment)

## Important Upcoming Info Affecting ALL Groups

Practice hours will be added starting the week of September 21st. You can also expect some weekend practices to change due to upcoming HOME Denison swim meets or other Denison activities. I will do all I can to make sure you get the most up-to-date info so that we are all on the same page. So it will be very important for you to READ ALL the EMAILS sent to from either myself or the TEAM.

- Normal practice times on Saturday & Sunday 12:30-2:30pm (hours may vary due to group or if there are any Denison activities going on)
- There will be NO practices on October 4, 17, (Oct 24-25th John Bruce meet practices TBA), Nov 7, (Nov 14-15 Mason Meet practices TBA), 22, December 19 & 20th.
- Denison is closed November 26-29th (practices TBA for Nov 28-29)
- Denison is on Winter Break December 19-January 17th so our practices will be tweaked during this time (More info to come)

## **2015-2016 Pau Hana Fall/Winter Tentative Meet Schedule**

### **October:**

**24-25th: John Bruce Invitational @ Worthington HS (Timed Final) (Team MEET)**

### **November:**

**13-15: Mason Manta Rays Invite @ Mason Community Center (Timed Final) (Team MEET) LAST Meet for HS swimmers (see Teresa)**

**15th: OSU Thanks For Giving @ OSU (Timed Final) SEE TERESA**

**22nd: GCSTO B Meet @ Columbus Academy (Timed Final)\*\* See your coach**

### **December:**

**4-6 Shaker Sharks Invite @ Cleveland State University**

**13TH: NAAC B MEET @ NEW ALBANY HS (TIMED FINAL) \*\* See your coach**

**20 or 21st Distance meet (500 or 1650) TBD**

### **January:**

**9-10th: UA Triple Crown @ UA HS (Timed Final) (Team MEET)**

**23-24th: OSSC January IMX Challenge @ OSU (Timed Final) (Team MEET)**

**31st: UAC Frosty Fun B Meet @ CGS (Timed Final) \*\* See your coach**

### **February:**

**5-7th: Cincinnati Marlins TYR Meet @ ST Xavier HS (qualifying times)**

**6-7th: MAST Invite @ Milford HS (if not going to TYR)**

**14th: NAAC B Meet @ New Albany HS (Timed Final) \*\* See your coach**

### **Championship Meets:**

#### **February:**

**26-28th: USA Regionals @ OSU (14 and unders)(Prelim/Final)**

#### **March:**

**4-6: USA Sr Meet @ Miami University (Prelim/Final) (HS Swimmers only)**

**5-6: Mini Meet @ Worthington HS (8 and unders)**

**11-13th: USA JO Meet @ BGSU (Prelim/Final) Qualifying times**

### **Notes:**

- B Meets are for Poni & Koa swimmers only (see your coach about entering)



# Practice Schedule September 8th - Nov 1st

Dryland is TBA and will begin the week of Sept 21st

Pau Hana Swim Team Schedule (Sept 8-Nov 1, 2015) 8/18							
Groups	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Kamehameha E	7:00-9:00pm	3:00-4:30pm	7:00-9:00pm	3:00-4:30pm	3:00-4:30pm	12:30-2:30pm	12:30-2:30pm
Kamehameha L	7:00-9:00pm	7:00-9:00pm	7:00-9:00pm	7:00-9:00pm	OFF	12:30-2:30pm	12:30-2:30pm
Dryland							
Alanii/Akala E	3:00-4:30pm	3:00-4:30pm	7:00-8:30pm	3:00-4:30pm	3:00-4:30pm	Oct 3 & 31	Sept 27, Oct 11, 18
Alanii/Akala L	7:00-9:00pm	7:00-9:00pm	7:00-8:30pm	7:00-9:00pm	OFF	12:30-2:30pm	12:30-2:30pm
Dryland							
Polu E	3:00-4:30pm	7:00-9:00pm	7:00-8:30pm	7:00-9:00pm	OFF	Oct 3 & 31	Sept 27, Oct 11, 18
Polu L	7:00-8:30pm	7:00-9:00pm	7:00-8:30pm	7:00-9:00pm	OFF	12:30-2:00pm	12:30-2:00pm
Dryland							
Poni	7:00-8:30pm	7:00-8:30pm	7:00-8:30pm	7:00-8:30pm	OFF	OFF	OFF
Koa							12:30-1:30pm Except 10/4 & 11/1

**EMERGENCY MEDICAL RELEASE FORM (One Form Per Swimmer)**

This form must be completed before your swimmer begins swimming with the **Pau Hana Swim Team**. The information will be held in the swimmer's file for use only in the event of an emergency.

**Swimmer Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\*Parent (Guardian) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*Parent(Guardian) Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**\*\*\*IN THE EVENT OF AN EMERGENCY NOTIFY:**

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

Insurance Information & Policy #: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**HEALTH HISTORY (Please Circle All That Apply)**

Hearing Impaired / Visually Impaired / Contact Lenses / Diabetes / Asthma /Epilepsy/ Seizures

Other: (list) \_\_\_\_\_

Does Swimmer Take Medication? NO / YES

Please list: dosage/frequency: \_\_\_\_\_

Does Swimmer have allergies? NO /YES

Please list: \_\_\_\_\_

Does Swimmer have other medical conditions? NO / YES

Please list: \_\_\_\_\_

**MEDICAL AUTHORIZATION:**

I, (Parent/Guardian) in the event of an accident, injury or serious illness to the above swimmer, do voluntarily consent to and authorize the Pau Hana Swim Team to secure medical aid (which may include routine diagnostic procedures, medical and/or surgical treatment including injection, anesthesia, or transportation to a medical facility.) I understand that an effort will be made to contact myself or any of the individuals listed above before any action is taken. I understand that the Pau Hana Swim Team does not guarantee the results of any medical treatment and will have any or all examinations/treatments done by authorized persons or facilities.

BY MY SIGNATURE, I AUTHORIZE AND GIVE MY PERMISSION FOR MEDICAL TREATMENT OF MY SWIMMER.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



USA SWIMMING
2015 ATHLETE TRANSFER REQUEST FORM

CURRENT REGISTRATION INFORMATION:

Last Name First Name Middle Name

Address

City State Zip

Home Phone

USA Swimming ID Number:

Date of Birth Sex Age Preferred Name
MO / DAY / YR M/F Billy, Bob, Beth, Liz

Previous Club: LSC Code: Club Code: Club Name:

Enter the last date of competition representing this club:
(If the athlete has never competed for the old club, write NONE for the last date of competition)

Name of meet City State

New Club: LSC Code: OH Club Code: Club Name:

The signature below will confirm that the above information is correct and that all club fees have been paid to the Swimmer's previous club. I understand that in order for an athlete to represent a new club in a competitive event, 120 days must have elapsed from the last day of the last meet that the swimmer swam for the previous club, in accordance with USA Swimming Rules and Regulations 203.3.

Signature of Athlete (if 18 & over), Parent or Guardian Date

Upon completing the transfer to the new club, the SWIMS system will notify the old club's head coach electronically that this transfer has occurred. The old club has the responsibility to notify the OSI Registrar within sixty (60) days if the club has obtained a court judgment in accordance with USA Swimming Rules and Regulation 203.6. If there is a court judgment, the swimmer will be Unattached until such time as the judgment has been satisfied.

\*\*\*If transferring to a new club, this form needs to be submitted to you club registration contact at the NEW club. They will forward to the Ohio Swimming Office.

Forms for individuals transferring to unattached and not transferring to a club can be emailed or faxed to :
OHIO SWIMMING INC (O) 513-673-3326
5020 B COLLEGE CORNER PIKE (F) 513-282-4090
OXFORD, OHIO 45056 (E) office@swimohio.com

# 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.



## 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](http://www.healthyohioprogram.org/vipp/injury.aspx)

Centers for Disease Control and Prevention  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://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



## CONCUSSION INFORMATION FOR YOUTH SPORTS

I have read the Ohio Department of Health's Concussion Information for Youth Sports sheet (found at [healthyohioprogram.org/concussion](http://healthyohioprogram.org/concussion)) and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and health care providers. I also understand that I/my child must have no symptoms before return to play can occur.

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Signature of Participant(s) (if 18 years of age or older) or Parent/Guardian Date

# **Pau Hana Swim Team Code of Conduct**

**This Code of Conduct MUST be read and signed BEFORE any swimmer will be allowed to take part in training and competition. By signing below, an acknowledgement of the contents of this Code of Conduct is made and that the swimmer agrees to abide by the same.**

## **CODE OF CONDUCT**

I, the undersigned athlete, participating in training and competitions with the Pau Hana Swim Team, understand and agree to comply with the below-listed guidelines as set forth by the Pau Hana Swim Team. Any additional guidelines as needed may be established by the Head Coach.

### **General Behavior**

1. The transportation, possession or use of alcohol, tobacco products, or illegal drugs by any Pau Hana team member is prohibited.
2. Pau Hana swimmers will display proper respect and sportsmanship toward coaches, officials, administrators, competitors, teammates and the public to include both their person and their property.
3. Illegal or inappropriate behavior that will reflect negatively on the Pau Hana Swim Team or be detrimental to performance objectives and will not be tolerated.
4. Bullying will not be tolerated.

### **Travel Behavior**

1. No athlete will travel when any illness is evident to the parents or coaching staff.
2. Unless otherwise excused or instructed by a coach, participants in a team trip will attend all team functions (on time), to include meetings, practices and any other team sanctioned event.
3. There will be no male athletes in female athletes' rooms and no female athletes in male athletes' rooms.
4. Athletes should not ride in a coach's vehicle without another adult present who is the same gender as the athlete, unless prior parental permission is obtained.
5. Any additional guidelines will come from the staff as needed.

## **IMPLEMENTATION**

1. Failure to comply with these guidelines will subject the swimmer to discipline, up to and including suspension and/or dismissal from the Pau Hana Swim Team.
2. If any failure to comply with these guidelines occurs during a travel trip, the swimmer may be sent home at the swimmer's expense.

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### **Participant's Signature Date**

FOR ATHLETES OF MINORITY AGE (under the age of 18):

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned conditions and their consequences.

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### **Parent/Guardian's Signature Date**