

**CHIPPEWA LAKE WATER SKI SHOW TEAM**  
**PARENT/INDIVIDUAL MEMBER HEALTH QUESTIONNAIRE**  
**To be completed by each parent/individual (see minor form for children)**

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Master Name on Membership: \_\_\_\_\_

FAMILY HISTORY: *(Includes natural siblings, parents, and grandparents)*

Diabetes  Heart Disease  High Blood Pressure  Stroke

Specify Who: \_\_\_\_\_

\_\_\_\_\_  
Date of last physical exam

\_\_\_\_\_  
In the last 6 months have you taken medication prescribed by your physician?  Yes  No, if so, please specify \_\_\_\_\_

\_\_\_\_\_  
Do you smoke?  Yes  No If so, how much \_\_\_\_\_ packs/day.

How many times a week do you water skiing? 0 1 2 3 4 5 6 7 more \_\_\_\_\_

How would you rate your present level of aerobic fitness?  Poor  Fair  Average  Good  Excellent

**YES NO** *(Please ✓ yes or no)*

1. Has your doctor ever said you have heart trouble?
2. Do you frequently have pains in your heart or chest?
3. Do you often feel faint or have severe spells of dizziness?
4. Has your doctor ever said your blood pressure was high?
5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by water skiing, or might be made worse with water skiing.
6. Is there any good physical reason not mentioned here why you should not follow a water skiing program even if you wanted to? (i.e. cancer, diabetes, surgery, etc.)
7. Are you over the age 65?

### **INFORMED CONSENT FOR WATER SKIING PARTICIPATION**

I desire to engage voluntarily in the Chippewa Lake Water Ski Show Team water skiing program. I understand that the activities are designed to place a gradually increasing work load on the cardiorespiratory system and to thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the water skiing. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the water skiing program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. Specific water skiing programs are available based on my needs, interests, and if necessary my doctor's recommendations. All water skiing programs include warm-up water skiing at target heart rate, and cool-down. The programs may involve water skiing, walking, jogging, or swimming; participation in water skiing fitness. All programs may place a gradually increasing work load on the body in order to improve overall fitness. I understand that I am responsible for monitoring my own condition throughout the water skiing program and should any unusual symptoms occur, I will cease my participation and inform the safety director.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of a water skiing program. I also agree that my questions regarding a water skiing program have been answered to my satisfaction.

**In the event that a medical clearance must be obtained prior to my participation in a water skiing program, I agree to consult my physician and obtain written permission from my physician or sign an assumption of risk form prior to the commencement of any water skiing program.**

Also, in consideration for being allowed to participate in an water skiing program at Chippewa Lake Water Ski Show Team, I agree to assume the risk of such water skiing, and further agree to hold harmless Chippewa Lake Water Ski Show Team and its members conducting the water skiing program from any and all claims, such losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the water skiing program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

