

CHIPPEWA LAKE WATER SKI SHOW TEAM
PARENT/INDIVIDUAL MEMBER HEALTH QUESTIONNAIRE
To be completed by each parent/individual for the minor

CHILD NAME: _____ D.O.B: _____

Parent/Guardian Name on Membership: _____

CHILD 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 and my guardian child, 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 and my guardian child, 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 and my guardian child, understand that I am responsible for monitoring my own condition throughout the water skiing program and should any unusual symptoms occur, my guardian child will cease my participation and inform the safety director.

In signing this consent form, I and my guardian child, affirm that I have read this form in its entirety and that I and my guardian child understand the nature of a water skiing program. I and my guardian child 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 and my guardian child 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 and my guardian child 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: _____
Parent/Guardian

Witness: _____ Date: _____