



March 29 at the North Amenities Center

Registration officially closes March 29.

Registered swimmers have until the end of the day this Sunday to get all payments and the 3 required forms (Health form, Concussion Form and CDD Waiver) turned in.

If the board does not have all of these items by the end of the day on Sunday your reserved spot on the team will be released and made available to a wait listed applicant.

To help make turning these items in a little bit easier, the DCD Board members will be at the North Amenities Center from 1-4 this Sunday 3/29 and will be available to accept your payments & forms as well as answer any questions you might have about the upcoming season.

What about people who are on the wait list?

Q: Do we need to pay and turn in forms by March 29 also?

A: No. Once we determine if any spots open up due to missing payments and/or forms we will contact you by email and at that point you will have 3 business days to make your payment and turn in your forms. If we do not receive it within the 3 days we will move along and offer it to the next person on the wait list..

Q: Will that be our last chance to get a spot on the team or should we assume that if we don't hear from you within a week that we won't get a spot?

A: No, we will have new swimmer evaluations on April 20. If any of the new swimmers are not able to meet the minimum requirements, those spots will then become available and we will contact you via email and just like the first time, you will have 3 business days to make your payment and turn in your forms to secure your spot before we offer it to another person on the wait list.

Will the wait listed swimmers need to sign up for evaluations on April 20?

A: Yes , We will evaluate all new applicants at the same time, so that if a spot does open up we will already know that the swimmer is ready to join the team.

SWIM SUIT FITTINGS

While you are dropping off forms and payments we will also be doing the first round of suit fittings on 3/29 at the North Amenities Center.

Note: All swimmers are required to wear an official team suit and cap at all meets. If you still have last years suit and it fits you are welcome to continue wearing it... you will still need to order a new cap as those are being redesigned this year.

All others who either don't have last years suit, or who no longer fit last years suit, you will need to order a new suit. If you forgot to order one when you registered we can add that for you when you come to make your payment.

If you are unable to attend this event and have a suit fitting, we will also be doing fittings during the first week of swim practice..

The Dolphins Swim Team 2015 Medical Form

Swimmer Name: _____

Date of Birth: _____

Emergency Contact #1: _____

Relationship: _____ Telephone Number: _____

Emergency Contact #2: _____

Relationship: _____ Telephone Number: _____

Hospital Preference: _____

Child's Doctor: _____ Telephone Number: _____

Asthma: No Yes If you answered yes, please give detail: _____

Diabetes: No Yes If you answered yes, please give detail: _____

Cardiac History: No Yes If you answered yes, please give detail: _____

Seizure History: No Yes If you answered yes, please give detail: _____

Allergies: No Yes If you answered yes, please give detail: _____

Medications: No Yes If you answered yes, please list all medications: _____

Parent/Guardian Signature: _____ Date: _____



CONSENT AND RELEASE FROM LIABILITY CERTIFICATE FOR CONCUSSION

What is a concussion?

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

What are the signs and symptoms of concussion?

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars • Lack of awareness of surroundings • Emotions out of proportion to circumstances (inappropriate crying or anger) •

- Headache or persistent headache, nausea, vomiting • Altered vision • Sensitivity to light or noise • Delayed verbal and motor responses • Disorientation, slurred or incoherent speech • Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation) • Decreased coordination, reaction time • Confusion and inability to focus attention • Memory loss • Sudden change in academic performance or drop in grades • Irritability, depression, anxiety, sleep disturbances, easy fatigability • In rare cases, loss of consciousness

What can happen if my child keeps on swimming with a concussion or returns too soon?

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

What do I do if I suspect my child has suffered a concussion?

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), or a licensed physician's assistant under the direct supervision of a MD/DO (as per Chapters 458 and 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

When can my child return to play or practice?

Following physician evaluation, the **return to activity process** requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP. For current up-to-date information on concussions visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Parent Responsibility:

I have read and understand the above information on concussion. I realize if my child/children display any of these symptoms that I should consider seeking medical attention for my child/children. Furthermore, I have been advised of the dangers of participation for that of my child/children.

Parent/Guardian Name (Please Print)

Swimmer's Name (Please Print)

Parent/Guardian Signature

Date

EXHIBIT C
WAIVER AND RELEASE

I, _____, on behalf of myself, my personal representatives, my minor children and my heirs hereby voluntarily agree to indemnify, defend, release, hold harmless, and forever discharge the Durbin Crossing Community Development District (the "District"), and its present, former, and future supervisors, staff, officers, employees, representatives, agents and contractors from any and all liability, claims, lawsuits, actions, suits or demands, whether known or unknown, in law or equity, for any and all loss, injury, damage, theft, real or personal property damage, expenses (including attorney's fees, costs and other expenses for investigation and defense and in connection with, among other proceedings, alternative dispute resolution, trial court, and appellate proceedings), and harm of any kind or nature arising out of, or in connection with, my children's and my guests' use of the facilities and lands owned by the District in connection with the Durbin Crossing Dolphins Swim Team, Inc., including any and all on-site or off-site activities related to the Durbin Crossing Dolphins Swim Team, Inc., and any transportation to and from such activities. I expressly acknowledge that I assume all risk for any and all injuries and illness that may result from my, my children's and my guests' participation in any and all of these activities, including but not limited to any injuries sustained by me, my children and my guests. Without limiting the foregoing, I hereby acknowledge and agree that the District will not in any way supervise or oversee the activities occurring on the District's property in connection with the Durbin Crossing Dolphins Swim Team, Inc. This Waiver and Release is binding upon me, my children, my guests, my heirs, executors, legal representatives, and successors. The provisions of this Waiver and Release will continue in full force and effect even after the conclusion of my use of the District's property. The provisions of this waiver of liability may be waived, altered or amended or repealed, in whole or in part, only upon the prior written consent of the District.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the State of Florida. I further understand that nothing in this waiver and release shall constitute or be construed as a waiver of the District's limitations on liability contained in Section 768.28, Florida Statutes or other statute or law. I agree that if any portion of this waiver and release is deemed invalid, that the remainder will remain in full force and effect.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT AND FURTHER UNDERSTAND THAT BY SIGNING THIS DOCUMENT THAT I AM WAIVING CERTAIN LEGAL RIGHTS AND REMEDIES. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT BY SIGNING BELOW, SUCH WAIVER AND RELEASE, INCLUDING ALL OF THE TERMS IN THE PRECEDING PARAGRAPHS, SHALL APPLY EACH AND EVERY TIME I, MY CHILD OR MY GUEST UTILIZE THE DISTRICT'S FACILITIES OR LANDS.

Name

Mailing Address

Signature

Telephone Number

Date