



Participant's Name _____

After School Program Registration Form

The following information is required to ensure your child's spot in our after school program for the 2023-2024 school year. Please complete all registration information accurately and neatly, and return it in person to the Atlantic Diving Team at Sailfish Splash Waterpark with the **non-refundable registration fee of \$50.00 per child**. Registrations and payments will not be taken at the school site.

STUDENT INFORMATION

Student Full Name: _____ School Name _____

Gender Male Female Birth Date ____ / ____ / ____ Age _____

Home Address _____ City _____ State _____ Zip _____

PARENT INFORMATION

Parent / Legal Guardian _____

Phone (home) (_____) _____ - _____ Cell (_____) _____ - _____

Email Address _____

Parent / Legal Guardian _____

Phone (home) (_____) _____ - _____ Cell (_____) _____ - _____

Email Address _____

SIGN OUT INFORMATION

Safety is a top priority to the Atlantic Diving Team; therefore, no child enrolled will be released from the program without a parent/guardian signature or that of one of the two individuals listed below if parent cannot be reached. (Note: The names that appear below must be someone 16 years or older.)

Name: _____ Phone: (_____) _____ - _____ Relationship: _____

Name: _____ Phone: (_____) _____ - _____ Relationship: _____

PAYMENT INFORMATION

Non-Refundable Registration: \$50.00 Amount Paid at Registration: \$ _____

- Check Payment: **Atlantic Diving Team**
- Credit Card Payment

Parent / Guardians are responsible for payment in full for each month of the Atlantic Diving Team After School program and their child may be release from the program if the payments have not been made. Payments are due on the 1st of the month prior to the month you are planning to attend (i.e. September payment is due on or before August 1st). Any changes to your selected days must be communicated to the Atlantic Diving Team by the 10th of the month prior to the month in which the change will occur (i.e. October's change by September 10th), however, there is no guarantee that a spot will be available for the day you are requesting. All emergency packets and other required paperwork must be completed and returned to the Atlantic Diving Team no later than one week before your desired start date. NO EXCEPTIONS. Your child will not be able to participate in the Atlantic Diving Team After School Program if the emergency packet has not been completed and submitted.

I, Parent / Guardian (Individual responsible for payment) have read and agree to all the conditions of this registration form.

Parent / Guardian Signatures _____ Date _____

Please read the following and sign at the bottom:

I, the undersigned parent or legal guardian of the above named child, do hereby give my permission for the child named above to participate in the activities identified above planned by the Atlantic Diving Team and its affiliated entities. I am aware of and consent to the scope of the activity to be engaged in and mode of transportation being employed. I understand that participation in the Atlantic Diving Team after school program activities requires an acceptance of risk. I am aware of and accept the risks associated with the activity to be engaged in and the mode of transportation being used.

I certify that the indicated participant(s) is/are in good physical and mental health and has/have never been declared medically ineligible for athletic competition. I further certify that the above mentioned participant(s) has/have had no previous pre-existing medical condition or injury, listed as, but not limited to exercise induced asthma, cardio or pulmonary (lung) disease, abnormal organ deficiencies, and head or neck injuries which may limit playing abilities. I understand that participation in the Atlantic Diving Team after school program activities requires an acceptance of risk. With my signature, on behalf of myself and the above named child I hereby waive, release and hold harmless the sponsors, promoter and all other persons and entities associated with the Atlantic Diving Team after school programs and events from any and all claims, demands, actions, causes of action, obligations, debts, damages, losses, liens, liabilities, costs, attorneys fees, debts and expenses of every kind and nature whatsoever, in law or in equity, known or unknown, fixed or contingent, including any and all rights to subrogation therefore which arise out of, result from or are related to the above-named child's participation in the activities set forth herein

If I cannot be reached in case of an emergency, I hereby and authorize the Atlantic Diving Team Corporation or its affiliates to contact 911 or a medical facility or physician of their choice to provide proper treatment and that I will be responsible for all expenses arising out of or related to such treatment. I hereby authorize and consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision of any licensed physician or surgeon or the medical staff of an emergency medical service provider or a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of the physician or surgeon or at the hospital. I understand that this medical authorization and consent is given (1) in advance of any specific examination, diagnosis, treatment, or hospital care being required and (2) to authorize the Atlantic Diving Team Corporation staff to consent to examinations, diagnosis, treatment, or hospital care which is deemed advisable by a licensed physician or surgeon or the medical staff of an emergency medical service provider or a licensed hospital. This authorization is given pursuant to Section 743.0645 of the Florida Family Code and shall remain effective until revoked in writing

Furthermore, I hereby grant full permission for all the foregoing to transport the above participant(s) upon request; and to use the above participant(s) photograph in video tapes, publications, motion pictures, recordings, or other records of events. I have read and fully understand the foregoing and certify and represent that, as parent/guardian for the above child(ren), all registration and release information provided is true. I hereby represent that I have authority to bind and sign on behalf of all parent/guardians of the above participant(s).

Please Print Name of Parent/Guardian

Parent/Guardian Signature

Date

Child's Transportation

Student Name: _____ School Name: _____

Bus will pick-up student from school and will be drop-off to the Atlantic Diving Team at Sailfish Splash Waterpark located at 931 SE Ruhnke St, Stuart, FL 34994. Parent/Guardian are responsible to Pick-up their child at Sailfish Splash Waterpark at the designated pick-up time.



After School Program Parent Agreements

Please read the following information carefully. You must sign at the bottom indicating that you understand and agree to all of the following.

Basic Information Rules and State Requirements

1. **Enrollment: Enrollment is limited.** Our hope is to have enough room for all children wishing to participate in the Atlantic Diving Team After School Program; however, we cannot always accommodate everyone. After receiving your completed forms, the Atlantic Diving Team Staff will call to let you know if your child will be participating in the program and the date that they may begin. _____
Please Initial

2. **Attendance:** Students must attend program 3 days a week/ 3 hours a day. Regular attendance is mandatory. Children are expected to stay for the entire duration of the Atlantic Diving Team After School Program each day. If a student is absent, written or verbal notification must be submitted or communicated to the Atlantic Diving Team Staff the next program day. _____
Please Initial

3. **Student Pick-Up:** Children participating in the Atlantic Diving Team After School Program must be signed out by you or someone designated on the registration form (designated person must be 16 years of age and on registration forms). Your child must be picked up promptly at the end of the program. If your child has not been picked up by the end of the program, site staff will try to contact you and/or those individuals designated as emergency contacts. _____
Please Initial

4. **Discipline:** Participation in the Atlantic Diving Team After School Program is a privilege. A child must follow the rules of the program. The Atlantic Diving Team supports all core day school rules. Disruptive or disrespectful behavior towards other students or staff is cause for dismissal. We encourage you to discuss concerns about your child's behavior with the Atlantic Diving Team Staff. _____
Please Initial

5. **Parental Support:** While the Atlantic Diving Team After School Program Staff are committed and qualified, your help is needed to make the program the very best it can be. You are an important partner in our program's success, and we look forward to your help with events and activities, tutoring, field trips and other projects. _____
Please Initial

Release Form for Statements and Photographs

The Atlantic Diving Team periodically uses photographs of program participants for local, regional or state publicity of the Atlantic Diving Team After School Program. By my initials, I acknowledge receipt of this document and give permission for the Atlantic Diving Team use of statements, written and verbal, made by me, and/or photographs of my child in any and all corporate brochures, flyers or publicity documents published by the Atlantic Diving Team and its affiliates. If I do not initial this statement my child can still be part of the Atlantic Diving Team After School Program. _____
Please Initial

Transportation

My child has permission to walk home from the Atlantic Diving Team After School Program; furthermore, I give permission for my child to sign themselves out of the Atlantic Diving Team After School Program. (Please check and initial if appropriate) _____
Please Initial

Walk Home Picked Up

I have read and understand all of the information above on this Atlantic Diving Team After School Program Parent agreement and I give permission for my child to attend the after school program. All of the information in my child's after school registration form and the after school emergency card is complete. I agree to follow the rules of the program and to help my child understand and follow the rules.

Please Print Name of Parent/Guardian

Parent/Guardian Signature

Date

Behavior and Discipline Policies

The Atlantic Diving Team After-School Program strives to provide a warm and welcoming environment for students and families. Our expectation is that everyone in our community will behave in a respectful, responsible and caring manner toward one another. The following behavior and discipline guidelines have therefore been established.

Any form of lewd behavior, bullying, aggression, violence, disrespect or foul language will not be tolerated. Clothing, toys, books or any other objects depicting, displaying or supporting any of the aforementioned will not be allowed.

Infractions will be dealt with as follows:

- **First Infraction:** Student will receive a warning.
- **Second and Third Infractions:** Student will be relocated to the “Time out Bleachers” to complete a “Student Reflection,” observe other students and parents will be notified.
- **Fourth Infraction:** Student will be suspended from the program for a period of one week, depending on the severity of incident.

If unacceptable behavior continues after the period of suspension, the student will be dismissed from the After School Program.

Please Print Name of Parent/Guardian

Parent/Guardian Signature

Date

Please select appropriate days and times needed

***RATES ARE MONTHLY AND ARE NOT PRORATED BASED ON ANY BREAKS IN THE SCHOOL CALENDAR**

non-refundable registration fee of \$50.00 per child

1 day		2 days		3 days	
Pick-up Time	Cost	Pick-up Time	Cost	Pick-up Time	Cost
<input type="checkbox"/> 4:00PM	\$60.00	<input type="checkbox"/> 4:00PM	\$120.00	<input type="checkbox"/> 4:00PM	\$180.00
<input type="checkbox"/> 5:00PM	\$80.00	<input type="checkbox"/> 5:00PM	\$160.00	<input type="checkbox"/> 5:00PM	\$240.00
<input type="checkbox"/> 6:00PM	\$100.00	<input type="checkbox"/> 6:00PM	\$200.00	<input type="checkbox"/> 6:00PM	\$300.00
Circle one -- Tue - Wed - Fri		Circle two -- Tue - Wed - Fri		Tue - Wed & Fri	