



**ATLANTIC
DIVING
TEAM**
WWW.ATLANTICDIVINGTEAM.COM
ENROLLING FORM

Father's Name(s): _____

Mobile: _____ E-mail: _____

Mother's Name(s): _____

Mobile: _____ E-mail: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Father's occupation: _____ Mother's occupation: _____

CHILD'S NAME(S) ENROLLING DIVING PROGRAM:

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Age	Date of Birth

Program enrollment: Swim and Dive Program June July

Days that your kid(s) will be attending: Session 1 10:00am - 11:00am Session 2 1:30pm – 2:30pm

How did you hear about our program? (Referral) _____

Does your child suffer of any condition we should be aware of? Yes No

If yes explain: _____

In case of an emergency, list another person that we may contact other than the name(s) listed above.

Contact Name: _____ Telephone: _____



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Participant Waiver & Emergency Medical Form

Diver's Name _____ Birth date _____
 Class/Program Level _____ Date _____
 Street Address _____ Phone # (H) _____
 City, State, Zip _____ Phone #(W) _____
 E-mail _____ Phone #(cell) _____
 Occupation (Dad) _____ (Mom) _____

The Atlantic Diving Team offers some classes and programs on a limited basis. There are certain risks inherent in the use of equipment and/or participation in certain programs that you should consider before you begin such activities.

As a participant in these classes and programs, the undersigned on behalf of our minor dependents and ourselves (collectively, "our") understand that participation can involve physical activity, which could result in injury. The undersigned also understands that use of the facilities is exclusively limited to the area(s) in which the class or program is being conducted and that use will be strictly under staff supervision.

For, and in consideration of, the Atlantic Diving Team these programs, and Martin County allowing use of its facilities for this program, and with the understanding of the risks involved in our participation, the undersigned on behalf of ourselves, our dependents and heirs agree to release and forever discharge the Atlantic Diving Team and the Martin County, their officers, directors, employees, contractors and agents from any and all liabilities, demands or claims for loss or damage resulting from an injury or damage which may be sustained on account of our participation in these classes or programs, or use of the facilities.

Print _____ Signature: _____ Date: _____
 Diver's Name or Parent's Name (if minor) Diver or Parent (if minor)

Emergency Medical Form

I the undersigned/or parent, or legal guardian _____ of ("Participant"), do hereby authorize and consent to Atlantic Diving Team ("Authorized Party"), obtaining for the Participant any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or emergency room care facility ("Medical Facility") care to be rendered to the participant under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Florida Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or Medical Facility care being required and, except as expressly limited below, is given to provide authority and power to render care which a Physician and Surgeon or Dentist in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned by telephone at the numbers listed below prior to rendering treatment to the participant, but that any of the above treatment will not be withheld if the undersigned cannot be reached. If the Authorized Party is a corporation this authorization shall include any officer, director or employee of said corporation or its affiliates. It is further understood that I (we) the undersigned are responsible for all charges for the abovementioned diagnosis, treatment or hospital care.

This authorization is given pursuant to Section 743.0645, Florida Statutes.

Limitations (if any): _____

Date: _____ Signature: _____

THIS CONSENT SHALL REMAIN EFFECTIVE UNTIL: _____

MEDICAL INFORMATION: Birth date _____ Last Tetanus Toxoid Booster _____

CONTACT PHONE #: Print Father's Name _____ Phone (____) _____

Print Mother's Name _____ Phone (____) _____

Physician OR Christian Practitioner: _____ Phone:(____) _____

Known Allergies to drugs or foods: _____

Insurance Co: _____ Policy Number: _____



MEDIA RELEASE

Additionally, from time to time, Atlantic Diving Team swim and dive members and/or staff, and/or outside media professionals may take photographs and/or video of Atlantic Diving Team swim and dive members during our sessions. Atlantic Diving Team may choose to display photos and/or video of swim and dive members on bulletin boards, in pamphlets/flyers, in newspaper articles, on websites and/or on television for the purpose of promoting Atlantic Diving Team.

Do you give consent for Atlantic Diving Team to display appropriate photos and/or video taken of you during any sessions of Atlantic Diving Team Swim and Dive Program?

- YES, I give consent for Atlantic Diving Team to display appropriate photos and/or video of me.
- NO, I do not give consent for Atlantic Diving Team to display appropriate photos and/or video of me.

At no time may any flash photography be used while any diving is taking place at any time. Flash may distract the diver and/or temporarily blind them in the middle of a dive creating a dangerous action. Anyone who uses flash will be asked to turn off their flash and may be disallowed from taking pictures if the problem persists.

By signing below, I agree to not use flash photography while any diving is taking place in practice. I further agree to inform anyone who may accidentally use flash that they must not for the safety of the divers.

Diver Signature

Date

Parent/Guardian Signature

Date