



ONE TEAM - ONE DREAM - ONE GOAL



**ATLANTIC**  
**DIVING TEAM**  
**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
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Program enrollment:  Jump Start  Beginner  Intermediate & Advanced  Junior Team  Senior Team  Adult Diving

Days that your kid(s) will be attending:  Mon  Tue  Wed  Thu  Fri  Sat  Sun

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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# ATLANTIC DIVING TEAM

## 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 the City of Pompano Beach 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 City of Pompano Beach, 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: \_\_\_\_\_



## Acknowledgement of Club Handbook, Policies & Payments

I the parent or legal guardian acknowledge that I have review the Atlantic Diving Team handbook & policies with my child. I understand that it contains important information on policies and procedures. I realize the policies is not intended to cover every situation which may arise but is simply a general guide to refer to.

I understand that it is my responsibility to familiarize myself with the materials and that I agree to follow the provisions and other policies/rules of the Atlantic Diving Team.

I further understand and acknowledge that the Atlantic Diving Team may change, add or delete any policies or provisions in the handbook or policies as it sees fit in its sole judgment and discretion.

I acknowledge and understand that the handbook & policies supersedes and replaces any and all prior policies or materials previously distributed.

You are required to read all club team handbook & policies in its entirety. By initialing next to each of the bulleted points below, you signify that you have specifically paid close attention to the following sections of the club team handbook & policies that are of particular importance.

Note: Parents Initials on the left and athlete on the right

- **Parental Handbook** \_\_\_\_\_ (Initial) \_\_\_\_\_
- **Meet Policy** \_\_\_\_\_ (Initial) \_\_\_\_\_
- **Dues and Late Payments** \_\_\_\_\_ (Initial) \_\_\_\_\_
- **Team Travel Policy** \_\_\_\_\_ (Initial) \_\_\_\_\_
- **General Team Policy** \_\_\_\_\_ (Initial) \_\_\_\_\_
- **Workout Make-Ups** \_\_\_\_\_ (Initial) \_\_\_\_\_
- **Anti-Bullying Policy** \_\_\_\_\_ (Initial) \_\_\_\_\_

### PAYMENT INFORMATION & AUTHORIZATION

Payment authorization is available via a check handed to coaching staff the first day of dive at the beginning of each month, via ACH Transfers or via credit card payment by Invoice or Paypal (subject to additional processing fees).

Please select your preferred method of payment:

\_\_\_\_\_ Invoice - Check will be provided monthly, payable to **Atlantic Diving Team** with "Child's Name" in the memo

\_\_\_\_\_ Invoice via Bank Transfer (ACH) payment, subject to \$3.00 processing fee

\_\_\_\_\_ Invoice via Online secure credit card payment, subject to 3.5% + 0.30 processing fee.

Authorization: The above information is true to the best of my knowledge

\_\_\_\_\_  
 (Diver signature)

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



## CONTACT INFORMATION AND MEDIA RELEASE

It is Atlantic Diving Team general policy not to distribute information about any diver to any individual or organization outside of Atlantic Diving Team. However, in an effort to ease communication within the Atlantic Diving Team membership, Atlantic Diving Team occasionally distributes a Roster to its members, with basic contact information included.

Do you give consent for your contact and basic personal information to be included in the Atlantic Diving Team Roster (check one)?

YES, I give consent for my contact and basic personal information to be included in the Atlantic Diving Team Roster.

NO, I do not give consent for my contact and basic personal information to be included in the Atlantic Diving Team Roster.

Please DO NOT include the following information: \_\_\_\_\_

Additionally, from time to time, Atlantic Diving Team members and/or staff, and/or outside media professionals may take photographs and/or video of Atlantic Diving Team members during sanctioned Atlantic Diving Team practices, competitions and events. Atlantic Diving Team may choose to display photos and/or video of 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 sanctioned Atlantic Diving Team practice, competition or event?***

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 or competition. 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



**CITY OF POMPANO BEACH  
PARKS, RECREATION AND CULTURAL ARTS DEPARTMENT YOUTH  
PROGRAMS & ACTIVITIES REGISTRATION FORM**

**ACTIVITY Atlantic Diving Team**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Parent(s) Email Address: \_\_\_\_\_

Emergency Contact Person/Number: \_\_\_\_\_

Registration Date: \_\_\_\_\_

# Waiver & Refund Agreement

## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

**PLEASE READ THIS FORM COMPLETELY AND CAREFULLY.** You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if the CITY OF POMPANO BEACH uses reasonable care in providing this activity, there is a chance YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF POMPANO BEACH IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and the City of Pompano Beach has the right to refuse to let your child participate if you do not sign this form.

The undersigned expressly ACKNOWLEDGES, UNDERSTANDS AND AGREES that the activities offered by the City of Pompano Beach Parks and Recreation Department involves the risk of injury and/or death and/or property damage. Accordingly, the undersigned ACKNOWLEDGES that the City of Pompano Beach and/or its OFFICERS, COMMISSIONERS, EMPLOYEES OR AGENTS, all for the purposes herein referred to As "RELEASEE" are not responsible for any bodily injury, death or property damage sustained while participating in the City of Pompano Beach Parks and Recreation Department's activities. The undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE, RELEASEE from any and all liability to the above named PARTICIPANT/CHILD, his or her personal representatives, assigns, heirs, and next of kin for any and all injury, death, loss, or damage, and any claims or demands therefore whether caused by negligence of RELEASEE or otherwise while the above named PARTICIPANT/CHILD is participating in the activity or activities.

In the event that the above named PARTICIPANT/ CHILD sustains physical injury while participating in the above referenced activity or activities, I hereby authorize and request that said PARTICIPANT/CHILD receive emergency treatment from the City of Pompano Beach Parks and Recreation Department's attending physician or from the individual or individuals licensed by the State of Florida as a medical Service Unit as well as any hospital in the State of Florida.

The UNDERSIGNED further expressly agrees that the foregoing AGREEMENT, WAIVER AND RELEASE is intended to be as broad and inclusive as is permitted by the laws of the state and county and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.

The UNDERSIGNED HAS READ AND VOLUNTARILY signs this AGREEMENT, WAIVER AND RELEASE and further agrees that no oral representations, statement or inducements apart from the foregoing written agreement have been made.

**REFUND POLICY: Full refunds will only be made for programs/classes cancelled by the Parks and Recreation Department. If you request a refund for any other reason, a \$15 refund service fee will be deducted from the Program/Class fee paid. All refund requests must be made in writing. (Registration and application fees are non-refundable.)**

**"Participants are not registered for a program/activity of the City of Pompano Beach until all necessary paperwork and full payment are submitted. The City of Pompano Beach does not accept partial payments".**

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Parent / Guardian Signature

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Date