



ONE TEAM - ONE DREAM - ONE GOAL
ATLANTIC
DIVING TEAM
SUMMER DIVE LESSONS INSTRUCTIONS



STEP 1



Membership (January 1 – December 31)

Please sign up for USA Diving Membership online. This allows your child/diver to practice & compete in USA Diving meets and provides additional, required, insurance for your child/diver. Cost for membership is \$20.00.

- Go online to www.teamusa.org/USA-Diving/Membership
- Click the "Athlete: \$20 (Join Now)"
- Click the "Athlete (17U)"
- Click the "Sign Up" at the bottom of the page
- Under Club Affiliation
- Next to Association select the "Fla. Gold Coast (Southern FL)"
- Next to Club select the "Atlantic Diving Team"
- Fill out All required information
- Click the "Submit" at the bottom of the page
- Continue to Checkout and pay by credit card online
- You'll receive a copy of diver's membership online and via e-mail.

STEP 2

Please complete all of the following information bellow and return it to the coaching Staff on your first day of practice with a copy of your USA Diving Membership and a check attach to forms.

COST \$

\$40 - ADT Summer Registration Fee

Monthly Payments for: 2x per week, 3x per week, 4x per week or 5x per week

\$40 - Additional cost for double workout

All practices are schedule for 2 hour long and all participant must arrive 5 - 10 minutes before practice starts. Anyone who register a full week before summer start in June will receive a FREE T-Shirt.



SUMMER LESSONS ONLY ENROLLMENT FORM

Thank you for your interest in joining the Atlantic Diving Team Summer Lesson program. Your safety, ongoing participation, and enjoyment are important to the coaching staff and to USA Diving. To enroll, please complete the following information and return it to the coaching Staff.

CONTACT INFORMATION

Parents Name: _____
(Last) (First) (Mr./Mrs./Ms.)

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

Contact Phone: _____ Mobile: _____

E-mail: _____

Divers Name: _____

USA Diving Membership ID: _____ Valid Until: _____

CHOOSE HOW MANY DAYS A WEEK AND THE DAYS YOU ARE COMING IN

\$160 / 2x per week \$200 / 3x per week \$240 / 4x per week \$260 / 5x per week

Mon Tue Wed Thu Fri Sat Sun

DOUBLE WORKOUT - \$40 / *additional cost*

Checks are made out to: **Atlantic Diving Team**

Payments are due on the 1st of each month

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.

_____ 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

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

(Diver signature) Date: _____



Participant Waiver & Emergency Medical Form

Diver's Name _____ Birth date _____
 Program Level _____ Date _____
 Street Address _____ Phone # (H) _____
 City, State, Zip _____ Phone #(W) _____
 E-mail _____ Phone #(cell) _____
 Emergency Contact Name _____ Phone: (_____) _____ - _____

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.

Emergency Medical Form

I 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): _____

THIS CONSENT SHALL REMAIN EFFECTIVE UNTIL: _____

MEDICAL INFORMATION: Last Tetanus Toxoid Booster _____

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

Known Allergies to drugs or foods: _____

Insurance Co: _____ Policy Number: _____

Primary Carrier: _____ Phone: (_____) _____ - _____

Print: _____ 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".

Parent / Guardian Signature

Date