

INDIANA DIVING ATHLETE REGISTRATION

*By submitting this form, the below named acknowledge that they have read and agree to abide by the Policies and Procedure as stated in the Indiana Diving Program Information

Diver's Name _____ Age _____

Full Legal Name _____ Birth Date ___/___/___

Home Telephone _____ Email _____

Street Address _____

City _____ State _____ Zip _____

Name of School _____ Grade _____

Summer Club _____ Name of Coach _____

Diver's Sex _____

IN CASE OF EMERGENCY:

Father's Name _____ Work Phone _____

Father's Employer _____ Cell Phone _____

Mother's Name _____ Work Phone _____

Mother's Employer _____ Cell Phone _____

Circle Program

1-Hour \$55.00	2-Hours \$85.00	3-Hours \$115.00	4-Hours \$140.00
IND – 1M \$160.00	IND-C (Competitive) \$180.00	IND-E (Elite) \$200.00	

For Office Use Only

Date Registration Received _____ Program Fee _____

Waiver Form Signed _____ Date _____ Medical Release Form _____ Date _____

USD Registration Signed/Paid _____ Indiana Diving Fee _____

Indiana Diving Medical Consent Form

(all information is confidential)
(717) 576-1972 office (812) 856-4537 fax

NAME _____ BIRTHDATE ____/____/____ AGE _____ HEIGHT _____ WEIGHT _____

ADDRESS _____
Street city state zip

EMAIL _____

IN CASE OF EMERGENCY:

PARENT(S) NAMES _____ HOME PHONE _____ CELL PHONE _____

PARENT(S) EMPLOYER (MR) _____ (MS) _____

WORK PHONE(MR) _____ (MS) _____ EMAIL _____

FAMILY PHYSICIAN _____ PHONE _____

MEDICAL INSURANCE CARRIER _____ POLICY # _____

Does the above athlete wear glasses? YES _____ NO _____ Wear contact lenses? YES ___ NO ___

Severe visual impairment without correction? YES ___ NO ___

Allergic to any medications or substances? YES ___ NO ___

If yes, please list _____

History of shoulder, back or knee injury? YES ___ NO ___

If yes, please describe _____

History of ear infection? YES ___ NO ___

If yes, please describe _____

History of seizures? YES ___ NO ___

If yes, please describe _____

Take any medication? YES ___ NO ___

If yes, please list _____

Any other medical problems or conditions? YES ___ NO ___

If yes, please describe _____

Are there any physical limitations that may hinder the divers participation in the program? If yes, please describe _____

Is the diver current on all required immunizations? YES ___ NO ___

I (we), the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize INDIANA DIVING as agent for the undersigned to obtain medical treatment for the above child and to consent to x-ray examination. Anesthetic, medical or surgical diagnosis of treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of a licensed physical and /or surgeon under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization care being required but is given to provide authority and power on the part of our aforesaid agent to specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, deems advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached.

It is further understood that I/We the undersigned are responsible for all charges for the above-mentioned diagnosis, treatment, or hospital care.

I CERTIFY THAT THE ABOVE NAMED DIVER IS MEDICALLY AND PHYSICALLY ABLE TO PARTICIPATE IN THE INDIANA DIVING PROGRAM. I ACCEPT THE RESPONSIBILITY TO INFORM INDIANA DIVING OF ANY FUTURE CHANGE(S) OF THE ABOVE INFORMATION.

athlete (signature)

athlete (printed)

date

parent or legal guardian (signature)

parent of legal guardian (printed name)

date

INDIANA DIVING

GENERAL RELEASE AND WAIVER OF LIABILITY

In consideration of being allowed to participate in the amateur diving program conducted by Indiana Diving, including a related events, activities and coaching instruction, the undersigned:

1. Agree that prior to participation, or in the case of a minor participant, the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, the participant should inspect the facility and equipment to be used, and if the participant believes anything is unsafe, the participant shall immediately advise his or her coach or supervisor of such conditions, and the participant shall refuse to participate until such unsafe conditions is corrected.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including physical disfigurement, mental anguish, permanent disability (partial or total) and death, sever social and economic losses which may result not only from their own actions, inaction's or negligence, but the actions, inaction's and negligence of others, the rules of play or the conditions of the premises or of any equipment used. Further, acknowledge and fully understand that there may be other risks not known or reasonably foreseeable to Indiana Diving, its coaches or staff.
3. Assume all risks associated with participation in the Indiana Diving amateur diving program, including those set forth in the foregoing paragraph 2, whether such risks are foreseeable or unforeseeable, and accept personal responsibility for any damages resulting from an injury, disability or death resulting in whole or part from participation in the Indiana Diving amateur diving program.
4. Release, waive discharge and covenant not to sue Indiana Diving, its administrators, directors, agents, officers, shareholders, coaches, other employee's participates, sponsoring agencies, sponsors, advertisers and owners, and/or leaser or of the premises used to conduct the event or instruction (collectively "Releases") from any and all present or future claims, right, demands, controversies, damages, actions, causes of action and /or liability of every nature and kind whatsoever, either in law or equity ("Claims") which the undersigned may have against the releases for claims caused or alleged to be caused in whole or part of the actions, inaction's or negligence of releases.
5. Undersigned fully understands that anyone of them may suffer injuries or damages that are currently unknown and that unknown complications may arise, develop or be discovered in the future. The undersigned hereby waive any rights to assert in the future and such claims not now known or suspected even though, if such claims were known, such knowledge would materially affect the terms of this release. In entering into the release, the parties declare that they fully understand the teams of this release and voluntarily enter in the release and voluntary accept its provisions. Further, the undersigned represent that they have completely read all terms and conditions hereof, and that all such terms are fully understood and voluntarily accepted by the parties. Further, the undersigned warrant, represent and agree that they are not relying on the advise of Indiana Diving administrators, directors, agents shareholders, officers, coaches or other employees as to the legal or other consequences arising out of this release.
6. This release shall be construed in accordance with and governed by the laws of the State of Indiana and shall be binding upon and inured to the benefit of the respective parties, their successors and assigns.
7. Received, read and understand all topics stated and covered in the "Indiana Diving: Diver Policies & Procedures" manual and will adhere to the rules.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VALUNTARILY.

Athlete Signature

Date

Athlete Printed Name

If the athlete is under 18 years of age, the parent or legal guardian must ALSO sign.

Parent/Guarding

Date

Parent/guardian printed name

Relationship