



Thank you for enrolling in the Atlantic Diving Team High School PreSeason Diving Clinic. We know it is going to be a great experience for all.

What you need to bring to clinic....

You will need:

- Swimsuits, Towels, Exercise clothing, Water bottle(s)*, Running shoes, Parents/Guardian's emergency numbers

* Water bottles are mandatory for all divers in order for proper hydration

For further questions or suggestions for this year's clinic, please do not hesitate to contact the clinic director at the following numbers/addresses:

Oswaldo Pito Alberty
Mail: P.O. Box 770236
Coral Springs, FL 33077
Phone: 954-837-3597
e-mail: info@atlanticdivingteam.com

Divers Registration information:

- Name, Age, Gender, Sessions enrolled, Dates of session(s), Location, Total inclose, Checks are made out to Atlantic Diving Team

If any of the above information is incorrect, please contact the clinic director at the above locations.

DOCUMENTS CHECKLIST

- Registration Form, Waiver and Release of Liability, Limited Health Care Power of Attorney, Emergency phone numbers, Copy of personal insurance card, Copy of USA Diving card, Clinic T-shirt size

Emergency Numbers

In the event of an emergency, we would like to have on file all of your phone numbers. Please take a moment to fully complete the following information, and send it with your insurance information:

*Athlete's Name _____

*Mother's info (name): _____

Home Phone

Work Phone

Cellular Phone

Beeper Number

E-mail address

*Father's info (name): _____

Home Phone

Work Phone

Cellular Phone

Beeper Number

E-mail address

Contact person(s) and phone numbers in the event we can not locate a parent:

Waiver and Release of Liability
and
Limited Health Care Power of Attorney
Release

In consideration of being allowed to participate in the Atlantic Diving Team High School Diving Pre-Season Clinic its related events and activities offered or in which my child, _____, a minor, may participate in, the undersigned:

1. Acknowledges and fully understands that my child will be engaged in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, or the actions, inactions, or negligence of others, the rules of play, or the conditions of the premises or any equipment used. Further, that there may be other risks not known to us, or not reasonably foreseen at this time.

2. Assumes all of the foregoing risks and accept personal responsibility for the damages, if any, following such injury, permanent disability, or death.

I, the undersigned, as the parent or legal guardian of the aforesaid minor child, hereby release, waive, discharge, and covenant not to sue the Atlantic Diving Team, High School Diving Pre-Season Clinic, Aquatic Center, United States Diving, Inc., AAU, Osvaldo Pito Alberty, and the City of Pompano Beach, its affiliated clubs, their respective assigns, administrators, directors, agents, coaches or other employees, or independent contractors and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereafter referred to as "releasees", from any and all liability to each said "releasee", its successors or assigns, or his or her heirs, and next of kin for any claims, demands, losses or damages on account of injury including death or damage to property.

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

Parent/Legal Guardian

Date

-OVER-

Limited Health Care Power of Attorney

I appoint the following person(s) as my agent, to make health care decisions for me, as authorized in this document

Oswaldo Pito Alberty

Atlantic Diving Team

901 NW 10th St

901 NW 10th St

Pompano Beach, FL 33060

Pompano Beach, FL 33060

or any coach, director, agent or supervisor conducting an activity in which my child may be participating in.

Direction as to When my Agent may Make Health Care Decisions for my Minor Child:

My agent is directed to make health care decisions regarding the health and welfare of my child whenever I cannot make or communicate said decisions due to my unavailability.

Authority Granted to Agent:

I give my Agent complete authority to make decisions regarding the health care and welfare of my child should said child be injured while training, or participating in any diving activity or other activity in connection with any program being conducted by the Atlantic Diving Team High School Diving Pre-Season Clinic and/or Oswaldo Pito Alberty, or any coach, director or supervisor involved with the above mentioned clinic and teams.

I authorize my Agent to consent to the performance of any medical treatment or procedures necessary under the circumstances for the care and welfare of my child.

This limited health care power of attorney can be revoked by me by a written statement or orally by notifying the Agent or by any other specific expression of my intention to revoke this document or remove the Agent.

It is understood that this medical power of attorney is limited while my minor child is participating as part of the athletic programs in connection with his or her diving endeavors sanctioned by the Atlantic Diving Team High School Diving Pre-Season Clinic, United States Diving, Inc., AAU, Oswaldo Pito Alberty, the City Of Pompano Beach, and/or Aquatic Center.

By my signature below, I indicate that I understand the purpose and effect of this document.

Parent/Legal Guardian

Date

Insurance company _____

Policy Number _____

In case of emergency, contact _____

Emergency phone number(s) _____

Any known allergies to medication or medical conditions: _____
