



Dear Parents,

Welcome to the Atlantic Diving Team. The information contained in this handout will provide you with everything you should know regarding lessons, team membership and the Atlantic Diving Team Foundation, as well as other facets of the program.

The policies, procedures, and volunteer requirements as well as the Code of Conduct have been implemented so that there is a clear understanding of what is expected of both athletes and parents involved in this program. Please keep this information, as it may be helpful to refer to it from time to time.

As you enter a new and exciting sport it is imperative that communication be a top priority if we are going to reach your athletes goals, and the goal of the program. Therefore, if you have any questions regarding anything as it pertains to this program or your child, please call or email me and ask for clarification or guidance.

My goal is to make everyone aware of where we are going to be able to concentrate our time and efforts on the kids and on working to help them achieve their best.

I look forward to this challenging journey as we teach and develop young athletes in our program to not only reach their full potential as divers but also to help their character development, self confidence level and positive self-image.

Sincerely,

Oswaldo Pito Alberty  
Atlantic Diving Team  
Head Coach



# CHECKLIST

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The following checklist is to help you Submit all the necessary paperwork and attachments require to join the Atlantic Diving Team. Please return this checklist with all documents attach on your first day of practice.

- USA DIVING AND AAU MEMBERSHIP CARD (2016 – 2017)
- PARENT'S AGREEMENT (3 PAGES)
- CODE OF CONDUCT
- RULES AND POLICIES
- ENROLLING FORM
- RELEASE FORM FOR MEDIA RECORDING
- CITY OF POMPANO BEACH ACTIVITY FORM (2 PAGES)

NOTES: \_\_\_\_\_  
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# USA DIVING AND AAU MEMBERSHIP INSTRUCTIONS

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Welcome to the 2016-2017 season! Below you will find instructions on how to register with USA Diving and AAU. Remember! **In order to practice and compete, you must have these memberships. No membership means no practices and no competitions.** Please make a copy of both memberships and bring it to coach Pito.

## HOW TO REGISTER WITH USA DIVING:

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1. Click on this link <http://www.teamusa.org/USA-Diving/Membership/Types-of-Membership/Athlete-Membership>
2. If this is the first time registering with USA Diving, click on Join USA Diving. If you already have a membership, log in and renew your membership.
3. For those divers competing at Regional, Zones, and National Championships select **Competitive Gold Membership \$75** (if you are JO). For Learn to Dive divers select **Competitive Blue Membership \$20**.
4. Select the Local Diving Association in which you reside or train: **Fla. Gold Coast (Southern FL)**
5. Select the club with which you train or are affiliated: **Atlantic Diving Team**.
6. Fill out your child's information then click continue and waiver.
7. Then you will be asked to pay with MasterCard or Visa. Click Join and you are all set.

## HOW TO REGISTER WITH AAU (ATHLETIC AMATEUR UNION):

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1. Go to this link <http://www.diveaau.org/>
2. Click on Join AAU → Register Now (Athletes) → Get a Membership
3. Select **Youth Athlete Membership**
4. When asked for Sport select **Diving**.
5. When asked for Coverage Fee select **Extended (AB) \$16**.
6. When asked for Term **choose any term you wish**
7. When asked for Are they a member of a club? Select **Yes**
8. When asked for Enter your Club Code write **WWDA3A**.
9. Fill out child's information
10. Check "I understand and agree to all terms and conditions listed"
11. Fill out parental approved representative → click continue.

Please attach a copy of your USA Diving and AAU Membership to the end of the enrolling form. If you have any question, please call me at 954.837.3597

Sincerely,

Oswaldo Pito Alberty  
Atlantic Diving Team  
Head Coach



# PARENT'S AGREEMENT

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The Atlantic Diving Team shall from time to time, adopt rules and regulations that it feels are necessary for the proper, orderly, and effective operation of the program. All those applying for membership and signing this form agree to be bound by those rules and regulation, diving meet fees, schedules, and late charges as they may now exist or as they may be modified in the future.

## RULES AND REGULATIONS:

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- The Atlantic Diving Team is a year-round diving program. Our official season begins on September 1st and ends on August 31st of each year. By signing this commitment, you are bound to training and pay on a quarterly basis as shown bellow and only if classes are available. Payments can be made quarterly or monthly and they are due on the 1st of each quarter or month and No later than the 10<sup>th</sup> of each quarter or month.

Session 1	September 1st – November 30th
Session 2	December 1st – February 28th
Session 3	March 1st – May 31st
Session 4	June 1st – August 31st

**Note:** If you are paying monthly remember that you are still responsible to complete your session payments if you come to practice or not.

- For cancellation of this commitment. Notice of cancellation must be submitted in writing to the Atlantic Diving Team by the 20th of **November, February, May, or August** of the current year. Otherwise, this commitment will automatically renew for the following quarterly session. If you cancel and return to the Atlantic Diving Team, you must re-register with the team (Registration Form + Monthly Fee + Annual Registration).
- No credits will be issued if a member misses a workout or for holydays. Dues are not prorated and are payable quarterly or monthly with a quarterly commitment.
- An annual registration fee of \$20.00 is charged at the time of joining. This fee is charged September 1st each year thereafter. Checks are made out to **Atlantic Diving Team**

## DIVING MEET FEES:

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- We understand the Atlantic Diving Team is a competitive program. Once divers are moved to the Age Group Team, National Team and Elite team program, we will be provided with a calendar of diving competitions throughout the year. We will make a commitment to bring our child to participate in such competitions.
- There will be a \$20 charge for each child for local meets. This amount will cover coaching meet fees. For meets out of town coaches' expenses will be divided by the amount of diver in the events.
- There will be a \$40 coaching fee per Regional, \$60 for Zone, and \$80 for National plus coach's expenses (transportation, room and board) per competition per child. The coach's expenses will be divided by the amount of diver in the event.
- Fee's will be collected 1 week prior of the competition.

INITIAL HERE: \_\_\_\_\_



# PARENT'S AGREEMENT CONTINUE

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## PAYMENTS:

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- All payments are due on the 1st of each quarter or month and are considered late if not received by the 10th of each quarter or month. A \$15 LATE CHARGE FEE will be assessed on any past due balance. Checks are made out to **Atlantic Diving Team**

**Note:** If you are paying monthly remember that you are still responsible to complete your session payments if you come to practice or not.

- If any member reaches an unpaid balance of 2 months, such a member will not be able to practice until balance is has been paid.

## TRAVEL POLICIES:

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When members of Atlantic Diving Team travel to a diving meet the following policies will be in effect:

- If at all possible, we'd like to all stay in the same hotel at a meet. Information regarding hotel blocks will be disseminated a few weeks prior to departure.
- You are responsible for your child's transportation. Further, YOU are responsible to be present at the event unless previous arrangements have been made with another family to be responsible for your child.
- The coach will NEVER be responsible for anything other than coaching your child at a meet.
- We will make every attempt to plan a team activity (self-funded) during a meet: fun day, team meal, etc.
- Most meet registration is on divemeets.com. You are responsible for signing your child up on divemeets.com. If you have questions about your child's events and/or dives, speak with your coach.
- You are also responsible for all of your family's travel costs as well as your percentage of the coaches' travel cost.
- You will be billed for your portion of coach travel prior to the competition. That payment should be made out to Atlantic Diving Team and given to your coach.
- Every effort will be made to keep coach costs to a minimum.
- As a general rule, the day after a weekend meet will be a rest day and no practice will take place.
- We do NOT offer training when the team is at a meet. Nor is there "make up" training for those not attending the meets.
- During home meets, you will be asked to help. That might be helping with hospitality, registration table duties, competition table duties, announcing, etc.

INITIAL HERE: \_\_\_\_\_



# PARENT'S AGREEMENT CONTINUE

When you become a member of the Atlantic Diving Team, you also became part of the Atlantic Diving Team Foundation which is a register 501(c)(3) tax exempt, non-profit public charity organization. Each family is required to help the organization throughout each season in a variety of capacities.

The Atlantic Diving Team Foundation Mission is to Support our athletes and the Next Generation of Champion Divers by bringing awareness, safety, and enjoyable environment to our athletes and future champions. As well as, to provide team uniforms, sponsor athletes for away meets like Zones, National or International competitions, host local diving meets, promotional events, pool rental fee's and provide top of the line equipment for the progress and safety of the athletes.

Visit Atlantic Diving Team Foundation website at [www.adtfoundation.com](http://www.adtfoundation.com)

## **VOLUNTEER POLICY:**

Each family member is required to put in volunteer hours each month and help provide our young athletes with everything they need to succeed and represent the Atlantic Diving Team well.

		Total Per Month	Total Per Session	Opt-Out Option
Session 1	September 1st – November 30th	4 Hours	12 Hours	\$120 / \$40 per month
Session 2	December 1st – February 28th	4 Hours	12 Hours	\$120 / \$40 per month
Session 3	March 1st – May 31st	4 Hours	12 Hours	\$120 / \$40 per month
Session 4	June 1st – August 31st	4 Hours	12 Hours	\$120 / \$40 per month

If you Opt-Out from volunteering, you must make check payable to the **Atlantic Diving Team Foundation**  
We will email you a Donation Receipt for your records and tax filing.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PARENTS SIGNATURE

\_\_\_\_\_  
DATE



# CODE OF CONDUCT

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The purpose of the Code of Conduct is to promote the best possible individual and team performance. It is also designed to promote a positive image for the Atlantic Diving Team program, its staff, and athletes.

## GENERAL CODE OF CONDUCT:

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1. Try your hardest at all time. Strive for your potential each and everyday day.
2. Be here because YOU want to be here! To be successful, the determination to do so must come from within YOU!
3. Make consistent attendance a priority.
4. Treat coaches, teammates, parents and facility staff with courtesy and respect.
5. Be prepared each day. Bring the equipment you will need each day to train.
6. Support and encourage teammates at all times.
6. Maintain a positive attitude at all times.
8. Do what the coaches ask when they ask it.
9. Set goals.
10. Understand that profanity, smoking, drinking or use of illegal drugs will not be tolerated

I agree to abide by this Code of Conduct at all times while associated with the Atlantic Diving Team.

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SIGNATURE OF DIVER

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DATE

I have discussed this with my child and agree to this commitment.

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SIGNATURE OF PARENT

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DATE



# RULES AND POLICIES

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The Atlantic Diving Team program has adopted specific policies and procedure that are necessary for proper, orderly an effective operation of the program. We advise all parents to review these policies. All athletes and parents are expected to know and abide by these rules.

## DIVERS:

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**Clothing:** All divers are asked to come with Speedo bathing suit, tennis shoes, T- shirt, shorts, and towel.

**Bad language:** Bad language during workout will not be tolerated. A diver can be excused from practice for that day. If the situation persists, the diver could be excused for a week. If the situation does not change, the diver will be expelled from the team.

**Poor attitude:** It is important that all divers come to practice with a good attitude. Those diver showing poor attitude or misbehave during workouts will be excuse from practice that day. If the situation persists, the diver could be excused for a week. If the situation does not change, the diver could be expelled from the team.

**Illness:** If you are sick (i.e. cold, ear infection, etc.) we still expect you to come to practice. You will not be asked to dive. There are plenty of dry-land exercises you can do without getting in the water. However, if you are really sick, you must call or email Coach Pito and let him know as to when you anticipate returning to practice.

## PARENTS:

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1. All divers must be at the pool at least 5 min. before practice starts.
2. All divers must be picked up no later than 10 min. after their practice is over. If you are going to be late please let us know.
3. All parents are asked to wait by the viewing area during workouts time. Parents are not allowed in the pool deck.
4. If you need to talk to one of the coaches, please do not interrupt the coach during the class. You can contact them either before or after the class, or by phone.
5. If your child is competing at a diving meet in our facility, you are expected to help running the meet (concession stands, score keeping, etc.)
6. Payments are due the 1st of each quarter or month. Please pay your bill on time!
7. Absolutely prohibited for any children to wait at the sidewalk, Parking lot and locker room of the pool building. They can only wait on the pool deck.
8. We are not responsible of children after scheduled practice time is over. We are not responsible of children in the bathroom or locker room.

I have read and understood all Atlantic Diving Team rules and policies. I also understand that by signing this agreement I am committed to abide by these rules and policies.

\_\_\_\_\_  
SIGNATURE OF DIVER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE





# ENROLLING FORM

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

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:  Learn To Dive  Age Group Team  National Team  Elite Team

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

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: \_\_\_\_\_

### RELEASE OF LIABILITY WAIVER AND MEDICAL TREATMENT CONSENT:

In consideration of being allowed to participate in any way in United States Diving, Inc, Athletic Amateur Union (AAU), the Atlantic Diving Team, Atlantic Diving Team Foundation, Camps or lessons program, the undersigned:

1. Agree that prior to participating, or in case of a minor participant, the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes that there is anything unsafe, he or she shall immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understands that each participants will be engaging in activities that involve risk of serious injury, severe social and economic losses that might result not only from their action, but the actions, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that may be other risks not known to us or not reasonable foreseeable at this time.
3. Assume all forgoing risk and accept personal responsibility for damages following such injuries, disability or death.
4. Release, waive, discharge and convent not to sue Atlantic Diving Team, Atlantic Diving Team Foundation, United State Diving, Inc., Athletic Amateur Union (AAU), Osvaldo Pito Alberty, the Pompano Beach Aquatic Center, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any or all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

I/We the parent(s)/legal guardian(s) authorize Osvaldo Pito Alberty, coaches or official to consent to any examination, anesthetic, X-ray, medical or surgical diagnosis or treatment and/or hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact us are unsuccessful. The parent(s)/legal guardian(s) represent that the participant(s) has medical insurance coverage through (name of the insurance provider): \_\_\_\_\_ (policy number): \_\_\_\_\_ This consent is granted for as long as the minor is a member of the Atlantic Diving Team.

\_\_\_\_\_  
ATHLETE(S) SIGNATURE

\_\_\_\_\_  
PARENT(S) OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



## Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to the Atlantic Diving Team to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Atlantic Diving Team's Web site.

**NOTE – You must select one of the 2 options below and check the agree box as your electronic signature.**

**Deny permission to use my child's image at all. (Please keep in mind your child will not participate in a team photo that will be posted on our Website)**

**Grant permission to use my child's image in the following ways:**

**Limited usage: I want my child's image used within the Atlantic Diving Team setting. This includes our Website, DVD'S made for club, print, video and digital media. I agree that these images may be used by Atlantic Diving Team for a variety of purposes and that these images may be used without further notifying me.**

I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**AGREE (THIS WILL BE CONSIDERED YOUR ELECTRONIC SIGNATURE BY CHECKING THE BOX)**

**Please PRINT a copy of this form for your own records.**



**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: \_\_\_\_\_

**PLEASE READ AND SIGN THE REVERSE**

# 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