



TEAM MEMBERSHIP AGREEMENT

Diver's Name (please print) _____ Effective _____

Team membership is an ANNUAL commitment to be paid in twelve monthly installments, due the 1st of each month (January 1 through December 31). If a diver is unable to attend workouts, the installment is still due in order to retain full team status; exceptions for Medical Leave or Inactive Status only. Dues are payable on the 1st of each month. All payments must be made in the form of cash, check or money order made out to **Atlantic Diving Team**. Invoice payments are also accepted thru Secure Credit Card Payment or Bank Transfer (ACH) or thru our Paypal on our website at www.AtlanticDivingTeam.com. Paperless payments in the form of electronic fund transfers are encouraged. Contact office@atlanticdivingteam.com for account information for electronic transfers. There will be no pro-rating of monthly tuition.

Atlantic Diving Team Foundation month dues can be made in the form of cash, check or money order made out to **Atlantic Diving Team Foundation**. Online payments are also accepted thru our Paypal on our website at www.AtlanticDivingTeam.com. Paperless payments in the form of electronic fund transfers are encouraged. Contact office@adtfoundation.com for account information for electronic transfers

Families with more than one child participating in club activities may receive a 10% discount for each additional child after the fully paid enrollment of the first.

Medical leave: In order for a diver to qualify for medical leave, they must not be able to participate in any dryland or water training at all by a doctor's order. Unpaid monthly dues will be waived from the first day of medical leave until the diver is cleared to return to training. Upon return, the diver will be responsible for the full month's dues if they return before the 15th or half of the month's dues if returning on or after the 15th. Upon their return, recovery will be carefully monitored by the Coaching Staff until they return to the full pace of workout.

Checks made out to Atlantic Diving Team may be given to the coach on deck or mailed to:
P.O. Box 770236
Coral Springs, FL 33077

Please note that a \$20 late fee will be added to your account if payment is not received by the end of practice on the 15th of the month. If unpaid after the 25th days, the diver will be suspended from practice and competitions. In order for the diver to return to practice the account must become current for both months.

Regular attendance to practice is expected for team and lessons participants. While we understand that things come up that prevent attendance, lessons kids need to notify their coach at least two hours before practice if they are not going to attend. Makeup lessons may be scheduled, for those who have given proper notice, on the last Monday of the month from 5:00–6:30pm.

Please note that occasionally practices may be canceled or relocated due to circumstances outside of our control. This sport has very high overhead costs with very little margin and as a result, we appreciate your consideration and understanding in this matter. Atlantic Diving Team will make all attempts to reschedule or have alternate options but we will not be able to issue refunds.

Diver Signature

Date

Parent/Guardian Signature

Date



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

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: _____



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

- **Team Handbook** _____ (Initial) _____
- **Dues and Late Payments** _____ (Initial) _____
- **Meet Policy** _____ (Initial) _____
- **Workout Make-ups** _____ (Initial) _____
- **General Team Policy** _____ (Initial) _____
- **Anti-Bullying Policy** _____ (Initial) _____
- **Team Travel 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 \$1.00 processing fee

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

_____ Online payment with Paypal, subject to 3.5% + 0.15 processing fee.

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

(Diver signature)

Date: _____



ATLANTIC DIVING TEAM FOUNDATION

Supporting and Developing Next Generation of Champion Divers

Team Service Hours Agreement

Effective September 1, 2017 through August 31, 2018

Being part of the Atlantic Diving Team & Atlantic Diving Team Foundation requires the support of all its members. Through the efforts of its families, Atlantic Diving Team & Atlantic Diving Team Foundation has earned a reputation for hosting excellent events. To continue this tradition, Atlantic Diving Team & Atlantic Diving Team Foundation requires a minimum contribution of service time, measured in hours, from each family during the year-long dive season. Please read each of the items below to fully understand this commitment.

Total Required Hours

- All year-round families have a service hour requirement of 24 hours per year. Families joining the team after the season has started will have their obligation prorated at a rate of 2 hours per month for each month or portion of any month remaining in the season. **Atlantic Diving Team Foundation reserves the right to assign additional hours, if necessary.**

Opportunities for Hours

- A job sign-up list will be email approximate two weeks prior to each meet. A complete list of jobs such as posters, table work, concession stand, etc. will be posted. Parents will need to email office@adtfoundation.com to submit what job position you would like to do. Atlantic Diving Team Foundation parents are expected to schedule themselves to work at this time and sign-ups are on a first come basis. An email will be sent out alerting you when signups will be posted. The job sign-up list will close four days prior to the start of each meet, anyone wanting to sign-up for a position after closing must contact the meet manager/coordinator. Hours will be confirmed by the meet manager/coordinator at the end of each shift, it is your responsibility that your hours are recorded. Once the meet has concluded you will have two weeks to email office@adtfoundation.com to submit your hours. After the two-week deadline, no changes in hours will be accepted.

Non-Compliance

- All families are responsible for the job shifts they have chosen or been assigned. A \$25.00 fine will be assessed per person, per shift which has been neglected and the unfulfilled hours will not be counted towards the family's service hour commitment.
- Atlantic Diving Team Foundation families who do not fulfill their required hours will be subject to a Non-Compliance Fee of \$25.00 per hour for each hour of the annual service commitment which has not been met as of August 31, 2018. These fees will be added to you October 1st bill.

Additional Information

- The balance of service hours for each family can be viewed on the Atlantic Diving Team Foundation Invoice
- Families choosing to opt out of the volunteer requirement must pay \$600.00 by August 31, 2018.
- In the event of a discrepancy in recording hours it is the responsibility of the family to bring the discrepancy to the attention of Atlantic Diving Team director/Head Coach.
- Letters are available for anyone who needs to earn community service credit for their school or service organization.

By signing this form, I agree to the policies outlined above.

Name

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