ONE TEAM - ONE DREAM - ONE GOAL

ATLANTIC DIVING TEAM

Sailfish Splash Waterpark - Martin County, FL

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. 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.

The Atlantic Diving Team Foundation is a parent supported non-profit organization, and we must engage in fundraising to purchase and maintain our equipment. Your family will be responsible to raise a pre-determined minimum amount per diver per year. This is an annual commitment and will not be prorated if you take time off or temporarily leave the team. For more information please contact office@adtfoundation.org

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.

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

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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 ☐Future Champion ☐Junior Team ☐Senior Team ☐Adult Diving

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

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: _____

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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 Martin County 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 Martin County, 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: _____

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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

- **Parental Handbook** _____ (Initial) _____
- **Dues and Late Payments** _____ (Initial) _____
- **General Team Policy** _____ (Initial) _____
- **Anti-Bullying Policy** _____ (Initial) _____
- **Meet Policy** _____ (Initial) _____
- **Team Travel Policy** _____ (Initial) _____
- **Workout Make-Ups** _____ (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 $3.00 processing fee

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

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

_____ Date: _____

(signature)

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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