

FULLY COMPLETE, INITIAL AND SIGN

(Rev. 7 Aug 2012)



SANTA CLARA DIVING CLUB
REGISTRATION FORM

Name of Athlete_____

Date of Birth:_____ Age:_____ Male_____ Female_____

Address:_____ Home Phone:_____

City:_____ State:_____ Zip:_____

Address to Email invoices and to communicate:_____

Parent or Legal Guardian:

Mother:_____ Employer:_____ Work # _____
Cell # _____

Father:_____ Employer:_____ Work # _____
Cell # _____

Emergency Contact:_____ Phone #:_____

Insurance Group/Other:_____ Employer:_____

Physician:_____ Phone # _____

Dentist:_____ Phone # _____

Signature:_____ Date:_____
(if under 18 must be signed by parent/legal guardian)

Name:_____ _____
(Signature of parent/legal guardian) (Please print name of parent/legal guardian)

Club Contact: Program Director: Coach JD Schaumberg
coachjd@santaclaradiving.com
www.santaclaradiving.com

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Santa Clara Diving Club

Medical History Information

Athlete's Name _____

Known Allergies: _____

Current Medications: _____

Physicians' restrictions on activities? If yes, Please specify: _____

Any special medical or emotional conditions that require coach's attention? If yes, please explain

Significant medical history (fractures, surgeries, asthma, diabetes, motion sickness, concussions, family history, special diet, etc.) If yes, please explain and include dates: _____

Wears contacts? _____ Glasses? _____

Dental appliances? Specify: _____

Other comments: _____

I/We, the parent or legal guardian of the Athlete named above, hereby consent to the administration of the following over the counter medications and/or services and subsequent actions/care.

_____ Ibuprofen _____ Acetaminophen _____ Antacid

_____ Evaluation/Treatment by a certified Athletic Trainer (ATC)

Athlete's Signature (if 18 years or older): _____ Date: _____

Parent's or Legal Guardian's Signature: _____ Date: _____

Parent's or Legal Guardian's Signature: _____ Date: _____

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Medical Consent

I/We, _____, do here by state that I/we am/are the natural parent(s) and/or

Print Name(s)

legal guardian(s) of _____, age _____ (the "Athlete").

Print Athlete's Name

As parent or legal guardian of the Athlete, my signature below hereby irrevocably authorizes the coaches and supporting staff of the Santa Clara Diving Club (together with the Santa Clara Diving Club itself, "SCDC") to consent to any examinations, anesthetic, X-ray, medical or surgical diagnosis or treatment and/or hospital care, or otherwise to take whatever action they consider to be in the best interest of the Athlete, to be rendered under the general or special supervision of SCDC and on advice of any physician or surgeon licensed to practice after reasonable efforts to contact me/us are unsuccessful.

Perent(s)/Legal Guardian(s) Initials _____

Financial Responsibility

I/We further agree (i) to accept financial responsibility for all such care and treatment given to the Athlete, and (ii) to hold harmless SCDC and their above agents for any such decisions and administration of such decisions and subsequent actions/care.

Parent(s)/Legal Guardian Initials _____

Acknowledgement and Release of Liability

1. I/We agree prior to Athlete participating in any activity (including practices) held or sponsored by any of SCDC, USA Diving and affiliated clubs, their respective administrators, directors, agents, coaches, volunteers and other employees of the organizations, other participants, sponsoring agents, advertisers, and, if applicable, owners and lessors of premises used to conduct events, all of which hereinafter refer to as "Releasee", I/we or the Athlete shall inspect the facilities and equipment used in such activities, and if I/we or the Athlete believes that anything is unsafe, the Athlete shall immediately advise his or her coach of such conditions and refuse to participate until the conditions become safe.
2. I/We acknowledge and fully understand that the Athlete will be engaging in activities that involve (i) risk or injury, a risk that includes such catastrophic injuries as permanent disability or even death, and severe social and economic losses that may result not only from the Athlete's own actions, inactions, or negligence, but the action, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used and (ii) other risks unknown and not reasonably foreseeable at this time.
3. I/We assume all the foregoing risks described in paragraph 2 above and accept personal responsibility for any any such injury, permanent disability, or death.
4. I/We hereby irrevocably release, waive, hold harmless, discharge and covenant not to sue any Releasee, from or with respect to any and all liability of any kind to each of the undersigned, the Athlete, his or her heirs and next of kin for any and all claims, demands, losses and damages of any kind whatsoever on account of injury, including death or damage to property, to the Athlete caused or alleged to be caused in whole or in part in connection with the Athlete's participation in any activity (including practices) held or sponsored by any Releasee, including as a result of the negligence of any Releasee or otherwise.

I/WE HAVE READ THE ABOVE CAREFULLY AND UNDERSTAND AND ACKNOWLEDGE THAT IT CONTAINS A RELEASE. I/WE UNDERSTAND THAT I/WE GIVE UP SUBSTANCIAL RIGHTS BY SIGNING AND I/WE SIGN VOLUNTARILY.

This document shall be construed and enforced in accordance with the laws of the State of California, without regard to principles of conflicts of law. This document sets forth the entire agreement between the undersigned and SCDC with respect to the subject matter contained herein and supersedes any previous understandings, commitments or agreements, whether oral or written. This document may only be amended with a writing signed by authorized representatives that specifically and expressly refers to this document. This document including the waiver and release contained herein shall be valid for a period of one year and one month from the last date set forth below or if no date, the date submitted.

Athlete's Signature (if 18 years or older): _____ Date: _____

Parent's or Legal Guardian's Signature: _____ Date: _____

Parent's or Legal Guardian's Signature: _____ Date: _____