

# Cleveland Area Diving

## 2017-18 EMERGENCY INFORMATION

Age Group, Senior, and Master Springboard and Platform Diving Program

Rich Karban: Head Coach  
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Diver's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Email Address for communication \_\_\_\_\_

It is occasionally necessary to communicate with a parent during the day because of accident or illness.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In an emergency, when it is impossible to contact you, do you authorize a CLEVELAND AREA DIVING representative to take your child to the hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone)

or \_\_\_\_\_ (Name of other parent or guardian)

at \_\_\_\_\_ (phone) have been unsuccessful,

I hereby grant consent for the administration of any treatment deemed necessary by

Dr. \_\_\_\_\_ (preferred dentist) or

Dr. \_\_\_\_\_ (preferred physician);

