

Cleveland Area Diving

2021-22 EMERGENCY INFORMATION

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

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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 _____

Place of work _____

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,

OVER

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

Dr. _____ (preferred dentist) or

Dr. _____ (preferred physician);

and the transfer of the child to _____ (preferred hospital)

or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date of Last Tetanus Shot _____

Signature of Parent or Guardian _____

Signature of Notary (Travel team only)

Present Date

Hospitalization Insurance Company _____

Policy Number _____

Facts concerning the child's medical history including allergies, medications being taken, and any impairments to which a physician should be alerted: _____
