

# 2016-2017 Season Coral Springs Diving Registration Form

We are excited that you are interested in joining Coral Springs Diving at the world-class Coral Springs Aquatic Complex. There are just a few things that we need to get taken care of before we get on the pool deck. We look forward to working with you soon!

## **Fee to complete registration: \$20**

This fee includes:

- Amateur Athletic Union (AAU) Membership

**Please make a check payable to Matthew Vieke in the amount of \$20, and leave it with the front office of the Aquatic Complex.**

**\*\*Important\*\***

This form must be finished and fee must be paid before your son and/or daughter is allowed to participate in their trial day.

## Required Information for AAU Registration:

**Athlete Name (First and Last):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Parent Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month/day/year)

**Gender:** M or F

*By filling in the information above, you are giving permission to the Coral Springs Diving coaching staff to sign up your son and/or daughter for an AAU membership.*

## **Publication // Photo // Video // Audio Release:**

I hereby confer on the City of Coral Springs and/or its affiliate, Coral Springs Diving, and any third party working on their behalf, the absolute, irrecoverable right and permission to use my own and my child's name and/or image, in print, digital (web), or broadcast (video) format for the purpose of public information, public awareness or historical documentation of City events and programs. I give my consent freely, with the understanding that no remuneration or compensation will be forthcoming. I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these materials and/or participation in creating Coral Springs Diving publications.

### **All Information is Required.**

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

## **Name and Age of Minor Child:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

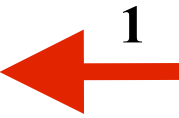


**Please fill out the required information at all three (3) arrows...**



**COMMERCIAL ACTIVITY PROVIDER RELEASE**

On Behalf of my minor child \_\_\_\_\_, and individually, I hereby waive and release in advance any claim or cause of action against Coral Springs Diving \*, a commercial activity provider, and its owners, affiliates, employees, or agents which would accrue to my minor child for personal injury, including death, and property damage resulting from an inherent risk<sup>1</sup> in Coral Springs Diving \*'s activities.



**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

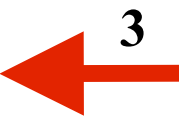
**READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE Coral Springs Diving \*, USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED 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 Coral Springs Diving \*, ITS OWNERS, AFFILIATES, EMPLOYEES OR AGENTS 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 Coral Springs Diving \* HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

I acknowledge that I have read and fully understand this document before signing it, that I have the right and have had a reasonable opportunity to consult with an attorney before signing this document, and that Coral Springs Diving \* is permitting my child to participate in its program or activity in reliance on this document.

Date: \_\_\_\_\_



Natural Guardian Signature (parent only): \_\_\_\_\_



<sup>1</sup> Sec. 744.301(3)(a) Fla. Stats.

*\*insert the name of the coach, program owner, facility owner and/or other diving activity provider here.*