



Please print or type. Be sure to COMPLETE ALL INFORMATION in the application form.

PERSONAL INFORMATION

Diver Name: _____ Gender: _____ DOB: _____

Email: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Diver's Cell Phone: _____

Health Insurance Carrier _____
Policy Number _____

Plan Number _____ **PLEASE INCLUDE A PHOTOCOPY OF YOUR INSURANCE CARD**

Is physician authorization needed? Yes No

Family Physician _____ Phone _____

In an emergency, please contact:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

HEALTH HISTORY

Allergies: _____

Are you required to carry medication on your person at all times (e.g.: albuterol, insulin, epinephrine)? No Yes If YES,

explain: _____

Date of most recent tetanus immunization: _____

Please list any major past illnesses (contagious and non-contagious): _____

_____ None



Please list any major operations or serious injuries (include dates): _____

_____ None

Do you have any chronic or recurring illness? No Yes If YES, explain: _____

Do you have any special dietary restrictions? No Yes If YES, explain: _____

Do you wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? No Yes If YES, explain: _____

CONSENT TO TREAT

I, the undersigned, hereby authorize such diagnostic, medical and/or surgical treatment as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury; and to provide or arrange necessary related transportation to a healthcare facility for emergency services as needed. The attending provider, appropriate staff, and South Mountain Dive Club and it's staff, and coaches shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

SIGNATURE _____ DATE _____

Printed Name _____



ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT

ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT

I, the undersigned, am fully competent to sign this Agreement. I realize that my participation in training activities carries with it risk of injury/illness, even when all rules are followed and conditions are optimal. There are various safety problems that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Some safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries,) and, therefore, prevention and protection are difficult. Risk can be increased due to my lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous or faulty equipment, training when environmental conditions are dangerous including high heat, high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury/illness in any training activity, and this risk is increased even more so with contact sports.

I acknowledge that my voluntary participation in the activities conducted by South Mountain Dive Club LLC may expose me to hazards or risks that may result in my illness, personal injury, or death. I acknowledge that I am aware of the risks of injury/illness and knowledgeable concerning rules, equipment and practices being employed by South Mountain Dive Club LLC personnel to minimize my risk of sustaining an injury/illness while participating in South Mountain Dive Club activities. I agree to use all required protective equipment and follow all rules and instructions from South Mountain Dive Club LLC coaches regarding safety. Also, I have no known physical infirmities which could be worsened or aggravated by participation and I declare that I am physically fit and in good medical condition to engage in all training activities.

In consideration of being permitted to participate in the training and to use the program’s facilities and equipment, I hereby accept all risk to my health and of my injury or death that may result from such participation. I hereby release South Mountain Dive Club LLC, Nozomi Aquatic Center, The City of Chandler, its Board of Directors, officers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs that may incur as a result of my participation in the diving program. I intend this release to be binding upon my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless the Institution person(s) and damage to property that may result from negligent or intentional act or omission while participating in the described Activity. I have carefully read this agreement and I understand that it is legally binding document that affects my legal rights and remedies.

Signature _____ Date Signed _____

Printed Name _____



Procedures and Guidelines for Pool Utilization

- 1. Athletes will maintain physical separation of at least 6 feet at all times.**
2. Athletes must stay home if they are sick, and away from the pool and from fellow team members.
3. Athletes may not enter or exit the facility in groups. Social distancing must be maintained until you have left campus.
4. Athletes will have their temperature taken upon arrival. Anyone with a temperature above 100.3° will be denied entry into the pool area.
5. Athletes arriving at the pool will need to be dressed for workout. No changing in the locker rooms.
6. For diving, there will be marks on deck at appropriate social distancing intervals.
7. Swimmers will limit themselves to 1 person per lane. Lanes are spaced 8 feet apart and provide for adequate social distancing.
8. Parents remain in their cars, and do not enter the pool gate. Athletes only.
9. Parents must be ready to pick athletes up as soon as practice finishes.
10. Athletes cannot loiter in the parking lot at BCP
11. Locker rooms are to be used by only 1 person at a time. This is strictly to use the restroom or wash hands.
12. Athletes should avoid touching their nose, eyes, or mouth.
13. Athletes must wash their hands frequently with soap and water for 20 seconds or use hand sanitizer that has 60-95% alcohol. This is especially important after going to the bathroom, before eating, or after blowing your nose, coughing or sneezing.
14. Athletes may not share water bottles, chamois, towels, kickboards, fins, or any other training equipment.
15. Athletes must cover their mouth with a tissue or their elbow if they cough or sneeze. Throw the tissue in the trash, and then wash their hands.
16. At the conclusion of every training session, coaches will disinfect all deck surfaces, equipment used, and the locker rooms with a solution of 0.5% chlorine.
- 17. Athletes that do not follow these rules will be removed from the group**

We will continue to monitor and follow any additional or new guidelines provided by the Center for Disease Control (CDC) in addition to state and local health officials.

I have read and thoroughly understand these items. I also understand that failure to comply will result in being removed from practice.

Printed Name of Athlete

Athlete Signature

Date

Parent/Guardian Signature (if under 18)



ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT

ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: _____

I am the parent/Guardian of the above-named Participant and am fully competent to sign this Agreement. I realize that my child's participation in training activities carries with it risk of injury and or illness (to include COVID-19), even when all rules are followed and conditions are optimal. There are various safety problems that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Some safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries,) and, therefore, prevention and protection are difficult. Risk can be increased due to the participant's lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous or faulty equipment, training when environmental conditions are dangerous including high heat, high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury/illness in any training activity, and this risk is increased even more so with contact sports.

I acknowledge that my child's voluntary participation in the activities conducted by South Mountain Dive Club LLC may expose him/her to hazards or risks that may result in his/her illness, personal injury, or death. I acknowledge that I am aware of the risks of injury/illness and knowledgeable concerning rules, equipment and practices being employed by South Mountain Dive Club LLC personnel to minimize my child's risk of sustaining an injury/illness while participating in South Mountain Dive Club LLC activities. My child agrees to use all required protective equipment and follow all rules and instructions from South Mountain Dive Club LLC coaches regarding safety. Also, my child has no known physical infirmities which could be worsened or aggravated by participation and I declare him/her physically fit and in good medical condition to engage in all training activities.

In consideration of my child being permitted to participate in the training and to use the program's facilities and equipment, I hereby accept all risk to my child's health and of his/her injury or death that may result from such participation. I hereby release South Mountain Dive Club LLC, Brophy College Preparatory, its Board of Directors, officers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs that may incur as a result of my child's participation in the diving program. I intend this release to be binding upon my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless the Institution person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity. I have carefully read this agreement and I understand that it is legally binding document that affects my child's legal rights and remedies.

Signature of Participant _____ Date Signed _____

Signature of Parent/Guardian _____ Date Signed _____

Address (if different than Participant's) _____