



ENROLLMENT CHECKLIST

14 & Older Lessons

USA Diving Membership - COMPETITION ATHLETE - (www.usadiving.org) _____
Membership fee is \$75 - RENEWS JANUARY 1 (if new, wait until Dec. 15)

AAU Diving Membership - ATHLETE EXTENDED - (www.diveaau.org) _____
Membership fee is \$16 - RENEWS SEPTEMBER 1

Please PRINT your USA and AAU memberships and return with your registration sheet.

Registration _____
Notarized Medical Release _____
Athlete Code of Conduct _____
Parent Code of Conduct _____
Social Media Release _____
CDA Team Handbook _____

Athlete Signature

Date

Parent Signature

Date



14 & Older Lessons Registration

CIRCLE DAYS OF PARTICIPATION

PRACTICE TIMES: 6-7:30

1 Day (M, T, W, Th) [\$90]

2 Days (M, T, W, Th) [\$165]

3 Days (M, T, W, Th) [\$240]

4 Days (M, T, W, Th) [\$315]

Date: _____ HFFA Member: _____ Y/N

Participant Name: _____ Age _____ DOB: _____

Parent Name(s): _____

Address of Participant: _____

City: _____ State: _____ Zip: _____

Participant School: _____ Grade: _____

Participant Cell: _____

Mother cell: _____ Father cell: _____

Parent Email: _____

Participant Email _____

Emergency Contact: Name: _____ Number: _____

US Diving # _____ AAU # _____

By the enrollment of my child in this program, sponsored by Huntersville Family Fitness & Aquatics, I certify that I have disclosed to this facility any restrictions or conditions that may hinder myself and/or my child's participation in this program. In signing this waiver, I also give my permission for myself and/or my child to participate in all activities associated with this program, including those activities/field trips required or involving transportation.

I furthermore hereby release, discharge and hold harmless Huntersville Family Fitness & Aquatics & Carolina Diving Academy, its employees, volunteers, instructors and contractor from all actions, claims demands and costs for any injury or illness suffered by myself and/or my child as a result of participation in this program and associated activities.

_____/_____/_____
Participant Signature (Parent/Guardian signature if under age 18) Date



Carolina Diving Academy Charge Authorization

HFFA Member: Y/N

Tuition payments will be deducted on a monthly basis.

Lessons 1 Day [\$90]

Lessons 2 Day [\$165]

3 Days [\$240]

4 Days [\$315]

Direct Draft Authorization:

Checking Account

Name: _____

Bank Name: _____

Bank Location: _____

Bank Account #: _____

Account Routing #: _____

Credit Card (\$5 convenience fee per draft)

Credit Card Type: Visa Mastercard Exp. Date _____

Credit Card #: _____

To ensure the company has the correct information, I have provided a copy of a voided check that provides the same information as above. I also understand this information is confidential and will be kept as a part of my membership records. I will notify Huntersville Family Fitness & Aquatics if I change financial institutions, close my credit card, or change my credit card so that my drafts are not delayed. I understand I will incur a \$25 fee per delayed payment.

Parent Signature: _____ Date: _____



Don't miss out on all that Huntersville Family Fitness & Aquatics has to offer!

We know your diving experience will be wonderful and we invite you to continue that by joining Huntersville Family Fitness & Aquatics to make use of our entire facility. We are pleased to offer a discounted membership rate to all currently enrolled dive academy members and their families.

Rates indicated are based on your level of enrollment with Carolina Dive Academy. These are due monthly in addition to your dive lesson fees and will upgrade you to a Huntersville Family Fitness & Aquatics family membership.

Elite - \$25/month

Name of Bill Payer: _____ Date: _____

By signing below, I hereby authorize HFFA to charge my account on file for my upgraded family membership. I understand this information is confidential and will be kept as part of my records. I will notify Huntersville Family Fitness & Aquatics if I change financial institutions/credit card numbers so that my tuition is not delayed.

Member Signature: _____ Date: _____



Medical

Release

Form

Parent/ Legal Guardian's Name: _____

Address: _____

Phone #s: Home: (____) _____ - _____

Work: (____) _____ - _____

Cell: (____) _____ - _____

Other: (____) _____ - _____

Children's Names

List or Known Medical Conditions, Including Food Allergies and or Drug Allergies. In Addition, Include Any and All Over-The Counter and/or Prescription Drugs Taken Regularly

In an emergency, please contact: _____

Relationship to child/ren: _____

Phone #s: (____) _____ - _____ (____) _____ - _____

(____) _____ - _____ (____) _____ - _____

Or Contact: _____

Relationship to child/ren: _____

Phone #s: (____) _____ - _____ (____) _____ - _____

(____) _____ - _____ (____) _____ - _____

Physician's Name: _____

Address: _____

Phone #s: (____) _____ - _____ (____) _____ - _____

Dentist's Name: _____

Address: _____

Phone #s: (____) _____ - _____ (____) _____ - _____



CAROLINA DIVING ACADEMY
Huntersville Family Fitness & Aquatics

Primary Insurance Company: _____
Phone #s: (____) _____ - _____ (____) _____ - _____
Billing Address: _____
Policy Holder's Name: _____
Address: _____
Relationship to child/ren: _____
ID # _____ Group Policy #: _____

Secondary Insurance Company: _____
Phone #s: (____) _____ - _____ (____) _____ - _____
Billing Address: _____
Policy Holder's Name: _____
Address: _____
Relationship to child/ren: _____
ID # _____ Group Policy #: _____

Statement of Consent: *(To be signed in the presence of a legalized notary public)*

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/ or dental attention to be administered to my child/ren, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to: the administration of first aid, the use of ambulance and the administration of anesthesia and/ or surgery under the recommendation of qualified medical personnel.

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____, _____
(Date) (Month) (Year) (Name of Parent)

personally appeared before me in _____ County (in the state of _____)

and, in my presence, signed this medical form.

Name of Notary Official: _____
Signature: _____
Commission Expires: _____



ATHLETE CODE OF CONDUCT

I pledge to:

Respect others

- Act with respect toward all those with whom I come into contact through diving.
- Refrain from comments or behaviors that are abusive, offensive, racist, sexist or otherwise belittling or demeaning to others or detract from a positive practice environment.
- Not harass or tolerate harassment by others.
- Respect others as persons and treat them with dignity.
- Respect the privacy of others and refrain from gossip.
- Not endanger the safety of others.

Our divers are expected, in both attitude and behavior, to make a positive contribution to their team.

Respect myself

- Act with fairness and integrity.
- Take setbacks in stride – Learn from mistakes and always try to improve.
- Set new goals – I won't know what I can do until I try.
- Work hard – Talent alone is not enough.
- Be committed – Make a total commitment to achieve goals
- Be consistent – Set a regular schedule and stick with it.
- Always give 100% -- Do more than what is expected.
- Be prepared – to get ahead, plan ahead.
- Be enthusiastic – Be positive, enjoy what I do, and do it well.
- Be confident – To succeed, believe that I can.

Our divers strive for personal excellence.

Respect the Carolina Diving Academy

- Accept that I am an ambassador for diving and the Carolina Diving Academy in everything that I do.
- Refrain from any action that might bring diving or Carolina Diving academy into disrepute.
- Respect our facility and others, and refrain from vandalism, theft and other forms of mischief.

Our divers make a commitment to support their teammates, coaches,

HFFA and the Carolina Diving Academy as a whole

Name _____ Date _____



PARENT CODE OF CONDUCT

These guidelines are meant to make you and your diver's experience with the Carolina Diving Academy a healthy and harmonious one.

At practices, during training, and at competitions, parents are expected to:

1. Support your diver's adherence to the Athlete's Code of Conduct, including attending practices in a timely fashion.
2. Watch from the bleachers only and not interact with divers during practice or meets other than in emergencies.
3. Be a positive role model and demonstrate respect for all divers (including your own child, teammates and opponents) coaches, other parents, judges, officials and facility staff at *all* times.
4. Refrain from any kind of unsportsmanlike conduct with any official, coach, diver, or parent including negative or demeaning comments about any diver, official, coach or parent in person or through electronic media (including emails, text messages, tweets or posts). Gossip, inappropriate language, and negative or critical comments will not be tolerated.
5. Address any concerns regarding the team, its policies, or your diver in a respectful manner and in private with the coach only. Meetings with the coach must be outside of practices or competitions. Any meet related issues may not be discussed before 24 hours have elapsed after the conclusion of the competition. Non-diving or program issues are to be relayed directly to HFFA executive director Zach Brown, zbrown@huntersville.org.
6. Promote the emotional and physical well-being of all athletes ahead of any personal desire for your child to win. Never ridicule or yell at your child, CDA team members or other participants for making a mistake, "losing" a competition or behaviors impacting the dive environment. Follow code of conduct number 5 to address any concerns.
7. Require your child treat other divers, coaches, parents, officials and spectators with respect regardless of race, creed, color, sex or ability.
8. Enforce a sports environment for your child that is free from drugs, tobacco, and alcohol.
9. Notify coaching staff of illness, vacations, problems, extenuating circumstances, etc. as far in advance as possible by email.
10. Check email regularly for team updates, particularly prior to practices and events. Attend all required meetings and take responsibility for obtaining the required information.

You along with your divers represent Carolina Diving Academy and Huntersville Family Fitness & Aquatics; your words and actions can leave lasting impressions. Adhere to your best behavior during practice in Huntersville, as well as when away at meets.



The coaching staff reserves the right to create additional guidelines.

Generally, infractions of the Code of Conduct will be handled as follows:

1. First infraction will result in a warning.
2. Second infraction will result in a meeting between coaching staff and HFFA management. At the meeting, an appropriate course of disciplinary action will be determined, which could result in a parent being banned from attending training and/ or competitions for a period of time or indefinitely

Carolina Diving Academy and Huntersville Family Fitness & Aquatics do not guarantee that one form of action will necessarily precede another.

I have read and understand the Carolina Diving Academy Parent Code of Conduct and agree to adhere to the statements set forth therein. In the event that I am not compliant, I understand that the actions outlined above will take place.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(Signature of both parents/ guardians required)



Social Media Consent/Release Form

For News Media, Promotional Materials, Written Articles, Research and/or Photographs

I hereby authorize Carolina Diving Academy to use my photo and/or information related to my experiences with Carolina Diving Academy and/or HFFA.

My consent is freely given as a public service to Carolina Diving Academy, without expecting payment. I release Carolina Diving Academy and HFFA and their respective employees, officers and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Please print or type:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature:

Date:

Signature of Legal Guardian (if the above individual is under 18):

Date: