



Dear Parent and Diver,

Thank you for choosing Indiana Diving, Indiana's premier diving program, specializing in the training of divers ages 4-19.

Before you start learning and training this highly exciting yet dangerous sport, please take a moment to read and fill out the following material and please sign your name and your diver must sign their name as well.

1. *This welcome letter*
2. *Our mission statement*
3. *Indiana Diving Registration Form*
4. *Indiana Diving Emergency Medical Release Form*
5. *Indiana Diving General Release and Waiver of Liability*
6. *Indiana Diving Payment Policy*

There are three payments that you will make for joining the club.

The first is to register with US Diving, INC. This is yours and our yearly (Jan. 1<sup>st</sup> to Dec. 31<sup>st</sup>) insurance that is mandatory to participate in any activities on the dryland center or in the pool. Please visit <http://www.usadiving.org> on the left hand panel, click on "Join USA Diving". You will select the "Novice (\$25)" option and proceed to "check out." Print off your receipt and return it to us along with the next two forms.

The second payment is an annual registration and processing fee of \$25 in check form to be made to *Indiana Diving*. This will be returned along with your registration form.

Finally, the monthly fees which vary according to how many times you and your diver wish to attend practice. Again checks are to be made to *Indiana Diving*.

After you have filled out all the forms, and both diver and parent signed the appropriate spots, contact the club to set up a time to turn in all the forms and attend your first practice.

Pass the brochure in this packet on to a friend. They register with us, you earn a 20% off discount on your next month's bill!

If you have any questions or concerns, please feel free to contact our manager, Todd Waikel.

Hope to see you on deck soon!

Best regards,

Yahya and the staff at Indiana Diving

#### **Age Group Diving Development**

YAHYA A. RADMAN  
Head Coach  
[gradman@indianadiving.com](mailto:gradman@indianadiving.com)  
(812) 855-7015

TODD WAIKEL  
Club Manager  
[twaike@indiana.edu](mailto:twaike@indiana.edu)  
(812) 856-5105

INDIANA DIVING  
SRSC - 1601 Law Lane  
Bloomington, IN  
47405-2111  
Fax: (812) 856-4537



### Mission Statement

The mission of this team is to foster diving at a novice, regional and national and Olympic levels. Indiana diving will develop positive character traits, in a family-friendly atmosphere. This will be accomplished by providing team training that promotes a safe and positive training environment in accordance with United States Diving, the Indiana Diving Association and Indiana Diving.

*Training Tomorrow's Champions*

# INDIANA DIVING CLUB DIVER REGISTRATION

**\*By submitting this form, the below named acknowledge that they have read and agree to abide by the Policies and Procedure as stated in the Indiana Diving Program Information**

Diver's Name \_\_\_\_\_ Age \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Summer Club \_\_\_\_\_ Name of Coach \_\_\_\_\_

Diver's Sex \_\_\_\_\_

## IN CASE OF EMERGENCY:

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Circle Program

1-Hour	2-Hours	3-Hours	4-Hours	5-Hours	6-Hours
\$55.00	\$85.00	\$115.00	\$140.00	\$160.00	\$180.00

### For Office Use Only

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Date Registration Received \_\_\_\_\_ Program Fee \_\_\_\_\_

Waiver Form Signed \_\_\_\_\_ Date \_\_\_\_\_ Medical Release form \_\_\_\_\_ Date \_\_\_\_\_

USD Registration Signed/Paid \_\_\_\_\_ Indiana Diving Fee \_\_\_\_\_

# INDIANA DIVING MEDICAL CONSENT FORM

(all information is confidential)  
(812) 856-5105 office (812) 856-4537 fax

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

city

state

zip

EMAIL \_\_\_\_\_

## IN CASE OF EMERGENCY:

PARENT(S) NAMES \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT(S) EMPLOYER (MR) \_\_\_\_\_ (MS) \_\_\_\_\_

WORK PHONE(MR) \_\_\_\_\_ (MS) \_\_\_\_\_ EMAIL \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

Does the above athlete wear glasses? YES \_\_\_\_\_ NO \_\_\_\_\_ Wear contact lenses? YES \_\_\_ NO \_\_\_

Severe visual impairment without correction? YES \_\_\_ NO \_\_\_

Allergic to any medications or substances? YES \_\_\_ NO \_\_\_

If yes, please list \_\_\_\_\_

History of shoulder, back or knee injury? YES \_\_\_ NO \_\_\_

If yes, please describe \_\_\_\_\_

History of ear infection? YES \_\_\_ NO \_\_\_

If yes, please describe \_\_\_\_\_

History of seizures? YES \_\_\_ NO \_\_\_

If yes, please describe \_\_\_\_\_

Take any medication? YES \_\_\_ NO \_\_\_

If yes, please list \_\_\_\_\_

Any other medical problems or conditions? YES \_\_\_ NO \_\_\_

If yes, please describe \_\_\_\_\_

Are there any physical limitations that may hinder the divers participation in the program? If yes, please describe \_\_\_\_\_

Is the diver current on all required immunizations? YES \_\_\_ NO \_\_\_

I (we), the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, do hereby authorize INDIANA DIVING CLUB as agent for the undersigned to obtain medical treatment for the above child and to consent to x-ray examination. Anesthetic, medical or surgical diagnosis of treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of a licensed physical and /or surgeon under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization care being required but is given to provide authority and power on the part of our aforesaid agent to specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, deems advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatment will not be withheld if the undersigned cannot be reached.

It is further understood that I/We the undersigned are responsible for all charges for the above-mentioned diagnosis, treatment, or hospital care.

I CERTIFY THAT THE ABOVE NAMED DIVER IS MEDICALLY AND PHYSICALLY ABLE TO PARTICIPATE IN THE INDIANA DIVING CLUB PROGRAM. I ACCEPT THE RESPONSIBILITY TO INFORM INDIANA DIVING OF ANY FUTURE CHANGE(S) OF THE ABOVE INFORMATION.

\_\_\_\_\_  
athlete (signature)

\_\_\_\_\_  
athlete (printed)

\_\_\_\_\_  
date

\_\_\_\_\_  
parent or legal guardian (signature)

\_\_\_\_\_  
parent of legal guardian (printed name)

\_\_\_\_\_  
date

**INDIANA DIVING  
GENERAL RELEASE AND WAIVER OF LIABILITY**

In consideration of being allowed to participate in the amateur diving program conducted by Indiana Diving, including a related events, activities and coaching instruction, the undersigned:

1. Agree that prior to participation, or in the case of a minor participant, the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, the participant should inspect the facility and equipment to be used, and if the participant believes anything is unsafe, the participant shall immediately advise his or her coach or supervisor of such conditions, and the participant shall refuse to participate until such unsafe conditions is corrected.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including physical disfigurement, mental anguish, permanent disability (partial or total) and death, sever social and economic losses which may result not only from their own actions, inaction's or negligence, but the actions, inaction's and negligence of others, the rules of play or the conditions of the premises or of any equipment used. Further, acknowledge and fully understand that there may be other risks not known or reasonably foreseeable to Indiana Diving, its coaches or staff.
3. Assume all risks associated with participation in the Indiana Diving amateur diving program, including those set forth in the foregoing paragraph 2, whether such risks are foreseeable or unforeseeable, and accept personal responsibility for any damages resulting from an injury, disability or death resulting in whole or part from participation in the Indiana Diving amateur diving program.
4. Release, waive discharge and covenant not to sue Indiana Diving, its administrators, directors, agents, officers, shareholders, coaches, other employee's participates, sponsoring agencies, sponsors, advertisers and owners, and/or leaser or of the premises used to conduct the event or instruction (collectively "Releases") from any and all present or future claims, right, demands, controversies, damages, actions, causes of action and /or liability of every nature and kind whatsoever, either in law or equity (Claims") which the undersigned may have against the releases for claims caused or alleged to be caused in whole or part of the actions, inaction's or negligence of releases.
5. Undersigned fully understands that anyone of them may suffer injuries or damages that are currently unknown and that unknown complications may arise, develop or be discovered in the future. The undersigned hereby waive any rights to assert in the future and such claims not now known or suspected even though, if such claims were known, such knowledge would materially affect the terms of this release. In entering into the release, the parties declare that they fully understand the teams of this release and voluntarily enter in the release and voluntary accept its provisions. Further, the undersigned represent that they have completely read all terms and conditions hereof, and that all such terms are fully understood and voluntarily accepted by the parties. Further, the undersigned warrant, represent and agree that they are not relying on the advise of Indiana Diving administrators, directors, agents shareholders, officers, coaches or other employees as to the legal or other consequences arising out of this release.
6. This release shall be construed in accordance with and governed by the laws of the State of Indiana and shall be binding upon and inured to the benefit of the respective parties, their successors and assigns.
7. Received, read and understand all content stated in the "IN Diving: Diver Policies & Procedures" manual, and shall adhere to the rules set forth by the manual

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VALUNTARILY.**

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete Printed Name

*If the athlete is under 18 years of age, the parent or legal guardian must ALSO sign.*

\_\_\_\_\_  
Parent/Guarding

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian printed name

\_\_\_\_\_  
Relationship

## INDIANA DIVING PAYMENT POLICIES

Due to some recent questions regarding payments, we felt it necessary to restate our policies.

1. Payments are due by the 1<sup>st</sup> of each month. Payments can be mailed to Indiana Diving, SRSC 1601 Law Lane, Bloomington IN 47405 or they can be hand delivered to Todd Waikel.  
**\*PAYMENTS ARE NOT TO BE DROPPED OFF WITH COACHING STAFF!\***
2. Payments received after the 7<sup>th</sup> of the month will have a \$25.00 late fee added. This late fee will be due at the time of the payment.
3. If your diver cannot make a class, your tuition remains the same.
4. Make up Policy: INDIANA DIVING WILL NOT OFFER MAKE UP CLASSES. Again refer to #3.
5. Monthly tuition is paid to hold your spot in a class. We require two weeks advance written or e-mailed notice if you intend to drop from our program. If we do not receive written notice from you, we will assume that you still want your spot in the class and you will be billed accordingly.
6. Rates-Monthly
  - 1 Hour-per-week -\$55.00/month
  - 2 Hours-per-week -\$85.00/month
  - 3 Hours-per-week -\$115.00/month
  - 4 Hours-per-week -\$140.00/month
  - 5 Hours-per-week -\$160.00/month
  - 6 Hours-per-week -\$180.00/month
7. Returned checks will be charged a \$25.00 service fee.

If you have any questions regarding any of our payment policies, please contact our manager Todd Waikel at (812)856-5105 or [twaike1@indiana.edu](mailto:twaike1@indiana.edu)

Welcome to  
Indiana Diving!