

INDIANA DIVING ACADEMY

Current Diving List & New Dives to Learn

For you to get the most out of the Indiana Diving Academy, we would like to know more about your current diving list, experience, competition level, and dives you would like to learn prior to your coming to camp. Please tell us all the dives you can currently complete for each level. If you run out of room, please write them on the back of the page.

NAME & Session(s) _____

Years of Experience _____

Competition Level (please indicate) HS/USD/Other _____

Current Diving Lists

1 meter	3 meter	Platform
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.
8.	8.	8.
9.	9.	9.
10.	10.	10.
11.	11.	

Dives you need/would like to learn while you are at camp:

1 meter	3 meter	Platform
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.

NAME: _____
SESSION(S) _____

Attention Divers and Parents

U.S. Diving (Gabriel, 1990) recommends that all U.S. Diving coaches provide divers and parents with a warning of the potential dangers inherent within the sport of diving.

Diving, as is the case with all sports, carries the risk of physical injury. The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones. Dislocations, and muscle pulls. But the risk of also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head.

No matter how careful the diver and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk of injury cannot be totally eliminated.

U.S. Diving, the National Collegiate Athletic Association (NCAA), and the National Federation of State High School Associations (NFSHA), report **NO** record of fatalities or catastrophic injuries in the history of competitive diving within their organizations (Gabriel, 1988).

Gabriel, J. L. (1988). Diving safety, a position paper. Indianapolis: U.S. Diving Publications.

Gabriel, J. L. (1990). U.S. diving safety manual. Indianapolis: U.S. Diving Publications.

I have read and understood the information about diving safety.

Name (Print)

Signature

Date

For Office Use Only: Date Received _____ Confirmation _____

NAME: _____
 SESSION(S) _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR

In order to enable the Health Center of Indiana University and/or other health facilities in Bloomington to provide prompt care to your minor son or daughter, we urge you to read and complete this consent form. Please return it promptly to the program sponsor. In this way, we can help your child without delay should an emergency occur.

I, _____, declare that I am the
 (Full Name of parent/guardian)
 _____ of _____
 (Father/Mother/Guardian) (Full name of minor)

Age of diver _____, born _____

Please provide the following information concerning said minor:

Allergic Reactions: _____
 Present Medication (if taking, now): _____
 Date of Last Tetanus Toxoid: _____
 Any past illness or other information that would be useful in the event medical treatment is necessary: _____

IN CASE OF EMERGENCY: Telephone: (Home) ____/____
 (Work) ____/____
 Address: _____

Please complete ONE of the following:

1. I grant permission to the Directors, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical or psychological problems. I understand that should a major medical or psychological problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary, including surgery, x-ray examinations, and anesthesia to be rendered to said minor by a licensed physician or nurse.

Date: _____ Signature _____
 (Parent or Guardian)

2. I do not wish medical care of any kind except emergency care to be provided for: _____
 (Full name of minor)

3. I authorize limited medical care as follows: _____

 to be provided for: _____
 (Full name of minor)

Date: _____ Signature: _____
 (Parent or Guardian)



Parental Consent and Release of Liability Agreement

Please Read the Following information carefully before signing.

In consideration of this application, I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive and release any and all rights, and claims for damages I may have against Indiana University or its representatives, Indiana Diving Academy and/or with my association with or entry in this camp and which may arise of my traveling to, participating in, or returning from camp.

I give permission to Indiana University and the Indiana University Diving Camp to take photographs and videos of my child during the course of the camp activities. These photographs may be used for publicity purposes by the Indiana University Diving Camp.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Child/Participant Signature

Date