

PDA USA DIVING

(Pacific Diving Academy USA)

Registration Form

Where did you hear about PDA USA Gymnastics _____ Date: _____

Name of Student _____
First Last

Date of Birth _____ Age _____ E-Mail _____ Sex: M or F

Address _____
Street City Zip Code

Home Phone _____ Cell Phone _____

Mother's Name _____
First Last

Work # _____ Cell # _____ E-Mail _____

Father's Name _____
First Last

Work # _____ Cell # _____ E-Mail _____

Emergency Contact Name _____ Emergency Contact # _____

Medical Conditions _____

PDA USA Payment requirement Contract

1. There are no refunds of any kind
2. There is an annual registration fee of \$40 for the first child and \$10 for each sibling which is payable at the time of registration.
3. Tuition is based on a yearly scale for Elite, Pre Elite and 6-2 day divers, not monthly. We just bill monthly
4. Tuition is based upon coaching staff. It is not based solely by hours trained
5. Before any competition all coaches fee must be paid before leaving for the competition
6. Tuition is due by the first of every month. A \$25 late fee will be charged if payment is received after the 10th
7. \$15 fee will be charged for the first bounced check. On the 2nd bounced check, tuition will have to be paid by cash
8. Make-up classes will be held on request. They need to take place within the month they were missed. There will be no make-ups carried over to the following month. Please make arrangements by calling the office at 562-229-1927
9. PDA USA is a fundraising gym-currently 2-days or more and Olympic Garden diving families must commit to one of our fundraising plans
Fundraising Plans
A. Work the Angels Games B. Plan your own fundraising activities C. Tax donation

10. Must work at all PDA USA hosted diving meets

Parent signature if under 18 or Student signature if over 18

Date:

Office Use Only

Class: (circle one)

Diving: Elite Pre-Elite 1-day 2-day 3-day 4-day 5-day 6-day OG-2-day OG-3-day OG-4-day
Intermediate

Day: M T W TH FRI SAT

Annual Registration Date \$40.00 _____

PDA USA Gymnastics (Pacific Diving Academy USA) group insurance is "SECONDARY EXCESS COERAGE" over any valid collectable coverage provided by the parents' separate or employees' dependent group insurance.

PDA USA Gymnastics (Pacific Diving Academy USA) secondary excess accident medical insurance coverage has a \$100 deductible which PDA USA Gymnastics (Pacific Diving Academy USA) DOES NOT PAY in event of a mishap.

Release of Liability Waiver

Name of child participant (if under 18): _____

Name of adult participant/parent: _____

I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risk, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of PDA USA Gymnastics (Pacific Diving Academy USA) (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of PDA USA Gymnastics (Pacific Diving Academy USA).

Adult participant/parent or participant signature (if over 18) _____ Date: _____

PDA USA AUTHORIZATION TO TREAT A MINOR (Pacific Diving Academy)

I (we), the undersigned parent, parents or legal guardian of _____
_____ a minor, do hereby

Authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered Under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem 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.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

List any restrictions: _____

_____ Date Signature of Father, Mother, or Legal Guardian

_____ Address City State Zip

_____ Birthday _____ Toxoid Booster / Last Tetanus _____

Allergies to
Drugs or Foods _____

Any special Medications
Or Pertinent Information _____

Telephones
Where Parents
May Be Reached _____ / _____ / _____
Father Home # Business #

_____ / _____ / _____
Mother Home # Business #

Family Physician _____

Address _____ Phone # _____

Name of Diver: _____ Date: _____

Please circle which class your taking

Elite: M-F 9-2 + Saturday 10-3

Pre Elite: M-F Noon-4 + Saturday 10-3

Team: May choose 1 to 6 days per week: *(Please circle how many day or days you will attend)*

Monday	4-6	gym only
Tuesday	4-9	gym/water
Wednesday	4-6	gym only
Thursday	4-9	gym/water
Friday	4-9	gym/water
Saturday	12-4	gym/water
Saturday	10-3	Platform (offered for 6-day diver only)

Olympic Garden: (7-11 years)

M/W 4-6 gym only
Friday 7-9 water only
Saturday 2-4 water only

Intermediate: Saturday 12-4 gym/water

Name of Diver: _____ Date: _____

Please circle which class your taking

Elite: M-F 9-2 + Saturday 10-3

Pre Elite: M-F Noon-4 + Saturday 10-3

Team may choose 1 to 6 days per week: *(Please circle how many day or days you will attend)*

Monday	4-6	gym only
Tuesday	4-9	gym/water
Wednesday	4-6	gym only
Thursday	4-9	gym/water
Friday	4-9	gym/water
Saturday	12-4	gym/water
Saturday	10-3	Platform (offered for 6-day diver only)

Olympic Garden: (7-11 years)

M/W 4-6 gym only
Friday 7-9 water only
Saturday 2-4 water only

Intermediate: Saturday 12-4 gym/water