

PDA USA HOME SCHOOL

(Pacific Diving Academy USA)

Registration Form

Where did you hear about PDA USA Home School _____

Name of Student _____

First

Last

Date of Birth _____ Age _____ Sex: M or F

Address _____

Street

City

Zip Code

Home Phone _____ Cell Phone _____

E-Mail _____ Today's Date _____

Emergency Name _____ Emergency Phone _____

Father's Name _____

First

Last

Occupation _____ Work # _____

Mother's Name _____

First

Last

Occupation _____ Work # _____

Medical Conditions _____

PERMISSION SLIP

My child _____ has my permission to attend PDA USA Gymnastics (Pacific Diving Academy USA). I confirm that my child is in good health and that he/she has had a physical exam within the last six months. In the event of an emergency I give my permission for PDA USA (Pacific Diving Academy USA) to make the decision on medical care should I be unreachable at any of the number listed on the reverse of this form. I also agree to hold PDA USA (Pacific Diving Academy USA) and its staff, harmless for any possible illness, accident or injury, which might occur in classes or in traveling to or from classes.

PARENT SIGNATURE _____ DATE _____

Office Use Only

Group _____ Day's M T W TH FRI SAT Annual Registration \$40.00 Date _____

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).

Participant signature (if over 18) _____