



Phoenix Dive Club

Please print or type. Be sure to COMPLETE ALL INFORMATION in the application form.

PERSONAL INFORMATION

Diver Name: _____ Gender: _____ DOB: _____

Email: _____ Home Address: _____

City: _____ State: _____ Zip: _____ Diver's Cell Phone: _____

Father's Name: _____ E-mail Address: _____

Cell: _____

Mother's Name: _____ E-mail Address: _____

Cell: _____

Health Insurance Carrier _____ Policy Number _____

Plan Number _____ **PLEASE INCLUDE A PHOTOCOPY OF YOUR INSURANCE CARD**

Is physician authorization needed? Yes No

Family Physician _____ Phone _____

If neither parent nor guardian is available in an emergency, please contact:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

HEALTH HISTORY

Allergies: _____

Is diver required to carry medication on his or her person at all times (e.g.: albuterol, insulin, epinephrine)? No Yes If YES,

explain: _____

Date of most recent tetanus immunization: _____

Please list any major past illnesses (contagious and non-contagious): _____

_____ None

Please list any major operations or serious injuries (include dates): _____

_____ None



Does the youth have any chronic or recurring illness? No Yes If YES, explain: _____

Are there any activities from which the youth should be restricted? No Yes If YES, explain: _____

Does the youth have any special dietary restrictions? No Yes If YES, explain: _____

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? No Yes If YES, explain: _____

Phoenix Diving Club honors the privacy of the participants in its programs and complies with the national regulations regarding health information.

DIVER INFORMATION

School Name: _____ Grade: _____ Favorite Subject: _____

Sibling(s) Names & Age: _____

Please list co-curricular activities and sports outside of diving: _____

What is your favorite thing to do on a day off from school? _____

Do you currently have or are you planning on getting a job? If yes, please explain: _____

Do you play a musical instrument? _____ If Yes, which one(s)? _____



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

1. **Authorization.** I authorize any healthcare provider to use and disclose the participant's protected health information described below to Phoenix Diving Club.

2. **Effective Period.** This authorization for release of information covers the period of healthcare from:

a. _____ to _____.

****OR****

b. all past, present, and future periods.

3. **Extent of Authorization**

a. I authorize the release of participant's complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse). Exceptions to this authorization include the following information"

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Other (please specify): _____

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

7. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Participant: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

Printed Name of Parent/Legal Guardian _____



**Phoenix
Dive Club**

CONSENT TO TREAT A MINOR

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor; and to provide or arrange necessary related transportation for minor to a healthcare facility for emergency services as needed. The attending provider, appropriate staff, and Phoenix Diving Club and it's staff, and coaches shall not be responsible in any way for any consequences from said diagnostic, medical, and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

Printed Name of Parent/Legal Guardian _____



ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT

ASSUMPTION OF RISK/RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT: _____

I am the parent/Guardian of the above-named Participant and am fully competent to sign this Agreement. I realize that my child's participation in training activities carries with it risk of injury/illness, even when all rules are followed and conditions are optimal. There are various safety problems that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Some safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries,) and, therefore, prevention and protection are difficult. Risk can be increased due to the participant's lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous or faulty equipment, training when environmental conditions are dangerous including high heat, high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury/illness in any training activity, and this risk is increased even more so with contact sports.

I acknowledge that my child's voluntary participation in the activities conducted by Phoenix Diving Club LLC may expose him/her to hazards or risks that may result in his/her illness, personal injury, or death. I acknowledge that I am aware of the risks of injury/illness and knowledgeable concerning rules, equipment and practices being employed by Phoenix Diving Club LLC personnel to minimize my child's risk of sustaining an injury/illness while participating in Phoenix Diving Club activities. My child agrees to use all required protective equipment and follow all rules and instructions from Phoenix Diving Club LLC coaches regarding safety. Also, my child has no known physical infirmities which could be worsened or aggravated by participation and I declare him/her physically fit and in good medical condition to engage in all training activities.

In consideration of my child being permitted to participate in the training and to use the program's facilities and equipment, I hereby accept all risk to my child's health and of his/her injury or death that may result from such participation. I hereby release Phoenix Diving Club LLC, Brophy College Preparatory, its Board of Directors, officers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including death), damage, loss or costs that may incur as a result of my child's participation in the diving program. I intend this release to be binding upon my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless the Institution person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity. I have carefully read this agreement and I understand that it is legally binding document that affects my child's legal rights and remedies.

Signature of Parent/Guardian _____ Date Signed _____

Address (if different than Participant's) _____



PRE-ACTIVITY CLEARANCE EXAMINATION: PHYSICIAN AUTHORIZATION

You may submit a copy of a completed school physical or a physician's examination form completed within the last 14 months in lieu of this page.

Participant's Name _____

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in springboard and/or platform diving. I know of no impairments, which would limit his/her participation in all training activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments _____

Date of Physical Examination (must have been completed within the last 12 months) _____

Is participant's immunization record current? Yes No

Physician's Signature _____

Address _____

City/St./Zip _____

Phone _____