



**CAROLINA DIVING ACADEMY**  
Huntersville Family *Fitness & Aquatics*

## **ENROLLMENT CHECKLIST**

### **LESSONS & TEAMS**

- Register with the Amateur Athlete Union to participate at any level
- Visit: [www.diveaau.org](http://www.diveaau.org) and join in the ATHLETE CATEGORY
- Currently their annual membership fee is \$12-\$14
- Complete and Notarize Medical Release

Please **PRINT** your registration form and return with you Registration sheet.



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Guest Relations Staff Only	
Registration	____/____/____ Staff _____
AAU/USAD #	____/____/____ Staff _____
EFT	____/____/____ Staff _____
Med Release	____/____/____ Staff _____
Key Tag #	_____ Staff _____

## DiveKIDS Lessons Registration

- |  |   |
|--|---|
| <input type="checkbox"/> DiveKIDS 1-Day 60 Minutes MEMBER [\$55/mo]  | <input type="checkbox"/> DiveKIDS 1-Day 60 Minutes NON-MEM [\$65/mo]  |
| <input type="checkbox"/> DiveKIDS 1-Day 90 Minutes MEMBER [\$75/mo]  | <input type="checkbox"/> DiveKIDS 1-Day 90 Minutes NON-MEM [\$90/mo]  |
| <input type="checkbox"/> DiveKIDS 2-Day 60 Minutes MEMBER [\$105/mo] | <input type="checkbox"/> DiveKIDS 2-Day 60 Minutes NON-MEM [\$125/mo] |

Date: \_\_\_\_\_ HFFA Member: \_\_\_\_\_ Y/N

DiveKIDS 60 Minutes: T/Th 4:00-5:00

DiveKIDS 90 Minutes: F 5:00-6:30

Participant Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address of Participant: \_\_\_\_\_

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

Participant School: \_\_\_\_\_ Participant Cell: \_\_\_\_\_

Mother cell: \_\_\_\_\_ Father cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Participant Email \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Number: \_\_\_\_\_

US Diving # \_\_\_\_\_ AAU # \_\_\_\_\_

**Membership in one of these organizations is required.**

**You may attain an AAU membership at: [diveaau.org](http://diveaau.org); USA Diving at: [teamusa.org/usa-diving/membership](http://teamusa.org/usa-diving/membership)**

By the enrollment of my child in this program, sponsored by Huntersville Family Fitness & Aquatics, I certify that I have disclosed to this facility any restrictions or conditions that may hinder myself and/or my child's participation in this program. In signing this waiver, I also give my permission for myself and/or my child to participate in all activities associated with this program, including those activities/field trips required or involving transportation.

I furthermore hereby release, discharge and hold harmless Huntersville Family Fitness & Aquatics & Carolina Diving Academy, its employees, volunteers, instructors and contractor from all actions, claims demands and costs for any injury or illness suffered by myself and/or my child as a result of participation in this program and associated activities.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Participant Signature (Parent/Guardian signature if under age 18) Date



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*Huntersville Family*  
**Fitness & Aquatics**



## 2018-2019 Carolina Diving Academy Charge Authorization

HFFA Member: Y/N

**Tuition payments will be deducted on a monthly basis.**

- |  |   |
|--|---|
| <input type="checkbox"/> DiveKIDS 1-Day 60 Minutes MEMBER [\$55/mo]  | <input type="checkbox"/> DiveKIDS 1-Day 60 Minutes NON-MEM [\$65/mo]  |
| <input type="checkbox"/> DiveKIDS 1-Day 90 Minutes MEMBER [\$75/mo]  | <input type="checkbox"/> DiveKIDS 1-Day 90 Minutes NON-MEM [\$90/mo]  |
| <input type="checkbox"/> DiveKIDS 2-Day 60 Minutes MEMBER [\$105/mo] | <input type="checkbox"/> DiveKIDS 2-Day 60 Minutes NON-MEM [\$125/mo] |

Direct Draft Authorization:

Checking Account

Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Location: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Account Routing #: \_\_\_\_\_

Credit Card (\$5 convenience fee per draft)

Credit Card Type:    Visa        Mastercard       Exp. Date \_\_\_\_\_

Credit Card #: \_\_\_\_\_

To ensure the company has the correct information, I have provided a copy of a voided check that provides the same information as above. I also understand this information is confidential and will be kept as a part of my membership records. I will notify Huntersville Family Fitness & Aquatics if I change financial institutions, close my credit card, or change my credit card so that my drafts are not delayed. I understand I will incur a \$25 fee per delayed payment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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*Huntersville Family*  
**Fitness & Aquatics**



## Don't miss out on all that Huntersville Family Fitness & Aquatics has to offer!

We know your diving experience will be wonderful and we invite you to continue that by joining Huntersville Family Fitness & Aquatics to make use of our entire facility. We are pleased to offer a discounted membership rate to all currently enrolled dive academy members and their families.

Rates indicated are based on your level of enrollment with Carolina Dive Academy. These are due monthly in addition to your dive lesson fees and will upgrade you to a Huntersville Family Fitness & Aquatics family membership.

Lessons/DiveKIDS - \$65/month

Name of Bill Payer: \_\_\_\_\_ Date: \_\_\_\_\_

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By signing below, I hereby authorize HFFA to charge my account on file for my upgraded family membership. I understand this information is confidential and will be kept as part of my records. I will notify Huntersville Family Fitness & Aquatics if I change financial institutions/credit card numbers so that my tuition is not delayed.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## *Medical Release Form*

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Children's Names	List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly.

In an emergency, please contact: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

Phone #s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Or contact: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

Phone #s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Phone #s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Billing Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

ID #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Phone #s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Billing Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child/children: \_\_\_\_\_

ID #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

**Statement of Consent:** *(To be signed in the presence of a legalized notary public.)*

*In the event of an emergency or non-emergency situation requiring medical treatment, I, \_\_\_\_\_, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notarization:**

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(date) (month) (year) (name of parent)

personally appeared before me in \_\_\_\_\_ County (in the state of \_\_\_\_\_)

and, in my presence, signed this medical release form.

Name of Notary Official: \_\_\_\_\_

Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

# Carolina Diving Academy

## Huntersville Family Fitness & Aquatics

### ATHLETE CODE OF CONDUCT

#### I pledge to:

##### Respect others

- Act with respect toward all those with whom I come into contact through diving.
- Refrain from comments or behaviors that are abusive, offensive, racist, sexist or otherwise belittling or demeaning to others or detract from a positive practice environment.
- Not harass or tolerate harassment by others.
- Respect others as persons and treat them with dignity.
- Respect the privacy of others and refrain from gossip.
- Not endanger the safety of others.

**Our divers are expected, in both attitude and behavior, to make a positive contribution to their team.**

##### Respect myself

- Act with fairness and integrity.
- Take setbacks in stride – Learn from mistake and always try to improve.
- Set new goals – I won't know what I can do until I try.
- Work hard – Talent alone never is enough.
- Be committed – Make a total commitment to achieve goals
- Be consistent – Set a regular schedule and stick with it.
- Always give 100% -- Do more than what is expected.
- Be prepared – to get ahead, plan ahead.
- Be enthusiastic – Be positive, enjoy what I do, and do it well.
- BE confident – To succeed, believe that I can.

**Our divers strive for personal excellence.**

##### Respect the Carolina Diving Academy

- Accept that I am an ambassador for diving and the Carolina Diving Academy in everything that I do.
- Refrain from any action that might bring diving or Carolina Diving academy into disrepute.
- Respect our facility and others, and refrain from vandalism, theft and other forms of mischief.

**Our divers make a commitment to support their teammates, coaches, HFFA and the Carolina Diving Academy as a whole**

Name \_\_\_\_\_ Date \_\_\_\_\_

# Carolina Diving Academy

Huntersville Family Fitness & Aquatics

## PARENT CODE OF CONDUCT

These guidelines are meant to make you and your diver's experience with the Carolina Diving Academy a healthy and harmonious one.

At practices, during training, and at competitions, parents are expected to:

1. Support your diver's adherence to the Athlete's Code of Conduct, including attending practices in a timely fashion.
2. Watch from the bleachers only and not interact with divers during practice or meets other than in emergencies.
3. Be a positive role model and demonstrate respect for all divers (including your own child, teammates and opponents) coaches, other parents, judges, officials and facility staff at *all* times.
4. Refrain from any kind of unsportsmanlike conduct with any official, coach, diver, or parent including negative or demeaning comments about any diver, official, coach or parent in person or through electronic media (including emails, text messages, tweets or posts). Gossip, inappropriate language, and negative or critical comments will not be tolerated.
5. Address any concerns regarding the team, its policies, or your diver in a respectful manner and in private with the coach only. Meetings with the coach must be outside of practices or competitions. Any meet related issues may not be discussed before 24 hours have elapsed after the conclusion of the competition. Non-diving or program issues are to be relayed directly to HFFA executive director Dee Jetton, [djetton@huntersville.org](mailto:djetton@huntersville.org).
6. Promote the emotional and physical well-being of all athletes ahead of any personal desire for your child to win. Never ridicule or yell at your child, CDA team members or other participants for making a mistake, "losing" a competition or behaviors impacting the dive environment. Follow code of conduct number 5 to address any concerns.
7. Require your child treat other divers, coaches, parents, officials and spectators with respect regardless of race, creed, color, sex or ability.
8. Enforce a sports environment for your child that is free from drugs, tobacco, and alcohol.
9. Notify coaching staff of illness, vacations, problems, extenuating circumstances, etc. as far in advance as possible by email.
10. Check email regularly for team updates, particularly prior to practices and events. Attend all required meetings and take responsibility for obtaining the required information.

You along with your divers represent Carolina Diving Academy and Huntersville Family Fitness & Aquatics; your words and actions can leave lasting impressions. Adhere to your best behavior during practice in Huntersville, as well as when away at meets.

*The coaching staff reserves the right to create additional guidelines.*



Generally, infractions of the Code of Conduct will be handled as follows:

1. First infraction will result in a warning.
2. Second infraction will result in a meeting between coaching staff and HFFA management. At the meeting, an appropriate course of disciplinary action will be determined, which could result in a parent being banned from attending training and/ or competitions for a period of time or indefinitely

Carolina Diving Academy and Huntersville Family Fitness & Aquatics do not guarantee that one form of action will necessarily precede another.

I have read and understand the Carolina Diving Academy Parent Code of Conduct and agree to adhere to the statements set forth therein. In the event that I am not compliant, I understand that the actions outlined above will take place.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of both parents/ guardians required)

# Social Media Consent/Release Form

For News Media, Promotional Materials, Written Articles, Research and/or Photographs

I hereby authorize Carolina Diving Academy to use my photo and/or information related to my experiences with Carolina Diving Academy and/or HFFA.

My consent is freely given as a public service to Carolina Diving Academy, without expecting payment. I release Carolina Diving Academy and HFFA and their respective employees, officers and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I understand that I can revoke this release any time in writing and that the use of any of my photos or other information authorized by this release will immediately cease.

Please print or type:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature:

Date:

\_\_\_\_\_  
Signature of Legal Guardian (if the above individual is under 18):

\_\_\_\_\_  
Date:

\_\_\_\_\_

\_\_\_\_\_