



CLUB REGISTRATION INFORMATION FORM

Diver Name(first, mi, last) \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_\_\_ Sex M F Registration Date \_\_\_/\_\_\_/\_\_\_\_\_

AAU Registration Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State NY Zip \_\_\_\_\_

Parents' Full Names \_\_\_\_\_  
\_\_\_\_\_

Phone Home ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_  
Work ( ) \_\_\_\_\_

Parents' Email \_\_\_\_\_

Diver's Email \_\_\_\_\_

Referred By – \_\_\_\_\_

Friend Coach Internet RIT Other

RIT Affiliation – Please Check One

Alumni Faculty Staff Student No Affiliation

Group Level - Please Check One

Sparks Fire Blaze Elite

Committee - Please Check One – See Upstate Diving Manual for more information

Meet Committee Fundraising Committee

Social Committee Outfitting Committee

51 LOMB MEMORIAL DR ROCHESTER NY 14623 UNYDIVING.COM [cwdatl@rit.edu](mailto:cwdatl@rit.edu) 585-475-5004



MEDICAL RELEASE AND EMERGENCY INFORMATION

I, \_\_\_\_\_ do hereby state that I am the natural parent and/or

PARENT OR GUARDIAN

have legal custody of \_\_\_\_\_ . I authorize the

DIVER

AGE

coaching staff of Upstate New York Diving to permit any medical attention including any examinations, anesthetic, X-ray, medical or surgical or treatment and or hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact me are unsuccessful.

This consent is granted for a period of one (1) year.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

Emergency Contacts

Primary Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

PARENT OR GUARDIAN

Secondary Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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PHOTO RELEASE

Upstate New York Diving regularly photographs and/or videotapes during diving practices and competitions. Photos and videos are used for many different purposes including Upstate New York Diving website publications, advertising, and promotional materials. We need your signature on file if you give permission to use photos/videos of your child.

**I give permission for Upstate New York Diving to photograph/videotape my child during practices and competitions, for use as promotional material in print publications, and the Upstate NY Diving Website.**

This consent is granted for a period of one (1) year.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

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ACCIDENT WAIVER AND RELEASE OF LIABILITY

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE PARTICIPATING AND/OR VOLUNTEERING IN PRACTICES, COMPETITION AND OTHER ACTIVITIES ORGANIZED BY UPSTATE NEW YORK DIVING, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by either UPSTATE NEW YORK DIVING or ROCHESTER INSTITUTE OF TECHNOLOGY, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or program, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this program. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said program. In consideration of my application and permitting me to participate in this program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: UPSTATE NEW YORK DIVING or ROCHESTER INSTER INSTITUTE OF TECHNOLOGY and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that UPSTATE NEW YORK DIVING and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of UPSTATE NEW YORK DIVING. I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by facilities, temperature, condition of participants, equipment, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, officials, and program monitors, and/or producers of the program, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during participation in the program. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Print Participant's Name                      Age    Signature (if under 18 years old, Parent or guardian must also sign)

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

\_\_\_\_\_  
Print Participant's Name                      Age                      Signature of Parent or Guardian                      Date

Medical History to be completed by diver and parent(s) or guardian(s)

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

**Instructions:** Please sit down with your parent(s) or guardian(s) and complete all the questions. **Circle** the appropriate answer. When a reply is **yes**, please give a complete explanation (give date of injury or treatment, indicate as near as possible the anatomical location of the injury i.e. Rt. shoulder, and the diagnosis) in the lines provided, or use the back of the page (be sure to list the question number) if more space is required. All **yes** answers are to be fully explained (except 16).

After completing all the questions, both diver and the parent(s) or guardian(s) are to sign the form on the appropriate lines.

### Disease or Illness

- Yes No 1. Have you ever experienced an epileptic seizure or been informed that you might have epilepsy?
- Yes No 2. Have you had hepatitis during the past three years?
- Yes No 3. Have you ever been treated for infectious mononucleosis, viral pneumonia or another infectious disease during the past twelve months?
- Yes No 4. Have you ever been treated for diabetes?
- Yes No 5. Have you ever treated or informed by a medical doctor that you have had rheumatic fever or scarlet fever?
- Yes No 6. Have you ever been told that you have a heart murmur or high blood pressure?
- Yes No 7. Have you had any illness requiring bed rest of one week or longer during the past year? If yes give the date and the nature of illness. \_\_\_\_\_
- Yes No 8. Have you ever been told you were anemic?
- Yes No 9. Have you ever been told you had hemophilia, other bleeding disorders or currently have easy bruising or bleeding?

### Eyes, Dental, Ears, Nose, Throat, Sinuses

- Yes No 10. Do you wear eye glasses or contact lenses? If so, CIRCLE which. If contacts, CIRCLE soft or hard.
- Yes No 11. If the answer to # 10 is yes, do you wear them during diving participation?
- Yes No 12. Do you have poor vision in either eye? If YES, explain \_\_\_\_\_
- Yes No 13. Do you wear any dental appliances? If YES, explain \_\_\_\_\_
- Yes No 14. Have you ever had ventilation tubes put in your ears because of hearing loss and/or recurrent earaches as a child?
- Yes No 15. Do you have difficulty in clearing your eyes during a plane trip, or at any time there is change in altitude?
- Yes No 16. Do you have trouble keeping water from rushing into your nostrils that may cause severe headaches on feet first entries?
- Yes No 17. Do you get so called "swimmers ear" or ear infections frequently?

### General

- Yes No 18. Have you ever been advised by a medical doctor not to participate in an athletic activity?
- Yes No 19. Have you ever been told that you have a hernia? If YES, is it repaired? \_\_\_\_\_
- Yes No 20. Have you had any other operations during the past 2 years? If YES, indicate specific illnesses and dates.  
\_\_\_\_\_
- Yes No 21. Are you currently on any prescribed medications or drugs on a permanent basis or semi permanent basis? If so, indicate name of drug and indicate how it is prescribed. \_\_\_\_\_
- Yes No 22. Are you allergic to any food or drug, or do you have any other allergies (nasal Allergies)? \_\_\_\_\_
- Yes No 23. Do you have any missing body parts (eyes, kidney, etc.)? \_\_\_\_\_
- Yes No 24. Do you smoke tobacco?
- Yes No 25. Do you use drugs?
- Yes No 26. Do you use alcoholic beverages?
- Yes No 27. Have you had any problems with heat (stroke, exhaustion, etc.)? \_\_\_\_\_
28. Give the approximate date and name of the physician who gave you your last medical examination. \_\_\_\_\_

#### **Immunizations**

- Yes No 29. Have you ever completed oral polio immunization?
- Yes No 30. Date of: (a) most recent tetanus immunization \_\_\_\_/\_\_\_\_/\_\_\_\_  
(b) measles, mumps, rubella \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Head & Neck Injuries**

- Yes No 31. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If yes, give dates of all and if hospitalizd. \_\_\_\_\_
- Yes No 32. Have you ever had any injury to the neck involving nerves, vertebrae (bones), or vertebral disks that has incapacitated you for a week or longer? If yes, give dates. \_\_\_\_\_

#### **Bone & Joint**

- Yes No 33. Have you ever been treated for Osgood – Schlatter?
- Yes No 34. Have you ever been treated for osteomyelitis?
- Yes No 35. Have you had a fracture during the past 2 years? If yes, indicate the anatomical site of the fracture and date. \_\_\_\_\_
- Yes No 36. Have you had a shoulder dislocation , separation or other shoulder injury (bursitis, tendonitis) during the past 2 years that has incapacitated you for a week or longer?
- Yes No 37. Have you ever been advised to have surgery to correct a shoulder condition?
- Yes No 38. Have you ever experienced a severe sprain, dislocation or fracture to either elbow during the past 2 years? If yes, give the dates. \_\_\_\_\_
- Yes No 39. Have you ever had an injury to your back? If yes, did you seek the advice or care of a medical doctor? \_\_\_\_\_
- Yes No 40. Do you have Spondylolysis (stress fracture of lower back) spondylolisthesis? \_\_\_\_\_
- Yes No 41. Do you ever experience pain in your lower back? If yes, indicate frequency. \_\_\_\_\_

- Yes No 42. Do you think your back is weak?
- Yes No 43. Have you experienced a strain to either knee during the past 2 years with severe swelling accompanying the injury?
- Yes No 44. Have you ever been told that you injured the ligaments of either knee joint?
- Yes No 45. Have you ever been told that you injured the cartilage of either knee joint?
- Yes No 46. Have you ever been told that you have a “trick” knee?
- Yes No 47. Have you ever been advised to have knee surgery to correct a condition?
- Yes No 48. Have you ever had any foot problems such as pain in your feet while walking, running, or standing?
- Yes No 49. Have you ever had a shin splint or a stress fracture in your leg?
- Yes No 50. Have you ever had Achilles tendonitis?
- Yes No 51. Do you have weak ankles or have you ever sprained your ankles previously?

**Parent(s) or Guardian(s)**

Yes No Is there any reason you feel your son or daughter should not participate in diving?

**Parent(s) or Guardian(s) / Diver**

Yes No All of the above questions have been answered completely and truthfully to the best of our knowledge.

(Date)

\_\_\_/\_\_\_/\_\_\_ Parent’s Signature \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ Divers Signature \_\_\_\_\_