

MID-AMERICA ATHLETIC TRAINING CENTER REGISTRATION FORM

NAME _____ BIRTHDATE ____ / ____ / ____ AGE ____ HEIGHT ____ WEIGHT ____

ADDRESS _____
Street city state zip

IN CASE OF EMERGENCY:

PARENT(S) NAMES _____ HOME PHONE _____

PARENT(S) WORK PHONE (MR) _____ (MS) _____

PARENT(S) CELL PHONE(S) (MR) _____ (MS) _____

EMAIL _____

FAMILY PHYSICIAN _____ HOME _____

MEDICAL INSURANCE CARRIER _____ POLICY # _____

Does the above athlete wear glasses? YES _____ NO _____ Wear contact lenses? YES ___ NO ___

Severe visual impairment without correction? YES ___ NO ___

Allergic to any medications or substances? YES ___ NO ___

If yes, please list _____

History of shoulder, back or knee injury? YES ___ NO ___

If yes, please describe _____

History of ear infection? YES ___ NO ___

If yes, please describe _____

History of seizures? YES ___ NO ___

If yes, please describe _____

Take any medication? YES ___ NO ___

If yes, please list _____

Any other medical problems or conditions? YES ___ NO ___

If yes, please describe _____

Are there any physical limitations that may hinder the divers participation in the program? If yes, please describe _____

Is the diver current on all required immunizations? YES ___ NO ___

MID-AMERICA ATHLETIC TRAINING CENTER

MEDICAL RELEASE

I (we), the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize Mid-America Athletic Training Center (MAATC) as agent and power of attorney for the undersigned to obtain medical treatment for the above child and to consent to x-ray examination. Anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of a licensed physical and /or surgeon under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization care being required but is given to provide authority and power on the part of our aforesaid agent to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, deems advisable. It is understood that reasonable 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.

It is further understood that I/We the undersigned am/are responsible for all charges for the above-mentioned diagnosis, medical treatment, or hospital care.

I CERTIFY THAT THE ABOVE NAMED DIVER IS MEDICALLY AND PHYSICALLY ABLE TO AND IS AUTHORIZED TO PARTICIPATE IN THE MAATC. I ACCEPT THE RESPONSIBILITY TO INFORM MAATC OF ANY FUTURE CHANGE(S) OF THE ABOVE INFORMATION.

parent or legal guardian (signature)

parent of legal guardian (printed name)

date

Phone No.

MID-AMERICA ATHLETIC TRAINING CENTER WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to participate in any way in the MAATC, and related activities, the undersigned agree to the following:

I/We agree that prior to participation, or in the case of a minor participant, the parent(s) or legal guardian(s) will instruct the minor participant that prior to participation, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

I / We acknowledge and fully understand that each participant will be engaging in activities that involve risk of injury, including permanent disability and death, and severe social and economic losses that might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time.

I/We assume all the foregoing risks and accept personal responsibility for the damages following such an injury, permanent disability or death.

I/We release, waive, discharge and covenant not to sue MAATC, and AAU diving and their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "Releasee," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee parties.

I / WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. If athlete is less than 18 years of age, then the parent or legal guardian must also sign below.

Parent of legal guardian (sign/relationship)

Parent or legal guardian (printed name)

date

MID-AMERICA ATHLETIC TRAINING CENTER

HAND SPOTTING WAIVER

Hand spotting is a technique used to help divers learn basic somersaulting skills. It involves coaches manipulating the athlete in the air with his or her hands. The primary goal of hand spotting is diver safety. By hand spotting, the coach can help the diver complete the somersault while at the same time lessen the impact of landing.

Only MAATC Coaches that are trained in hand spotting techniques are allowed to hand spot. MAATC Coaches use landmarks on the body around the hips, shoulders, and legs to spot. Inadvertently, a spotter will sometimes miss a landmark.

As a member of the MAATC dryland program, it is your choice whether we hand spot your child. If you or your child is not comfortable being hand spotted, we recommend that you tell us and we will use alternative training methods. No diver will lose opportunity or status based on the decision to be hand spotted; however, it does make it difficult to teach certain skills when hand spotting is not allowed.

During registration we ask that parents discuss the hand spotting technique with their child and ask that they acknowledge whether or not they will allow their child to be hand spotted.

Athlete (signature)

Athlete (printed name)

date

Parent of legal guardian (sign/relationship)

Parent or legal guardian (printed name)

date