

STATEMENT OF RISK

Diving, like all sports, carries a risk of physical injury. No matter how careful the diver and coach are, no matter how many spotters are used, no matter what height is used or what landing surface (including water) exists, the risk cannot be eliminated.

Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. But the risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT OF RISK, AND I RELEASE THE COACHES AND DAYTONA STATE COLLEGE FROM ANY LIABILITY RELATED TO POTENTIAL INJURIES SUSTAINED BY ME OR MY CHILD.

Diver Name (Printed)

Diver or Parent/Guardian (if diver under age 18) Signature

DATE

U.S. Diving Amateur Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in United States Diving, Inc. athletics/sports programs, and related events and activities, the undersigned:

1. Agree that prior to participating, or in the case of a minor participant, the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, 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.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious 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, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue United States Diving, Inc., its affiliated clubs, 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 "releases," 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 or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

ATHLETE (Signature)

____/____/____
DATE

If athlete is less than 21 years of age and a resident of Colorado, Mississippi or Pennsylvania, or less than 19 years of age and a resident of Alabama, Nebraska or Wyoming, or less than 18 years of age and a resident of any other state, then the parent or legal guardian must also sign below.

PARENT OR LEGAL GUARDIAN (Signature/Relationship)

____/____/____
DATE

PARENT OR LEGAL GUARDIAN (Printed Name)

Figure 1.2 U.S. Diving Amateur Athletic Waiver and Release of Liability

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF A MINOR CHILD

We _____
and _____
do hereby state that we are the natural parents and/or have legal custody of _____,
age _____. We authorize _____
to consent to any examination, anesthetic, X-ray, medical or surgical diagnosis 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 us are unsuccessful.

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

_____/_____/_____
(Parent or Guardian Signature) Date

(Witness Signature)

_____/_____/_____
(Parent or Guardian signature) Date

(Witness Signature)

NOTARY

City/County of _____

Commonwealth/State of _____

Acknowledged before me this ____ day of _____ 19____.

(Notary Signature)

My commission expires _____ 19____.

EMERGENCY INFORMATION

I, _____,
request that the following information be considered when medical treatment is rendered to _____.

Known allergies _____

Medication child is taking _____

Medical History _____

Choice of Hospital or Facility _____

Choice of Physicians (s) – include specialists _____

Child's Home Address _____

(City) (ST) (ZIP)

Phone (____) _____

Parents or Guardians Home Address _____

(City) (ST) (ZIP)

Child's Home Address _____

(City) (ST) (ZIP)

Phone (____) _____

Possible location of parent(s) or guardian(s) (use pencil)

Location	Phone
Home _____	Phone (____) _____
Work _____	Phone (____) _____
Work _____	Phone (____) _____
Other _____	Phone (____) _____

Other Relative's Name	Relation	Phone
_____	_____	(____) _____
_____	_____	(____) _____

Signed _____/_____/_____
(Date)

PREPARTICIPATION SCREENING EXAMINATION

DIVER'S NAME _____ HEIGHT ___ft. ___in. WEIGHT ___lbs.

BLOOD PRESSURE ___/___ PULSE ___ TEMP ___ RESPIRATIONS ___

DIP URINE (if necessary as indicated by history): Sugar ___ Protein ___

GENERAL EXAM	SATIS	UNSATIS	MUSCULOSKELETAL	SATIS	UNSATIS
HEAD	_____	_____	ANKLES	_____	_____
EYES	_____	_____	KNEES	_____	_____
EARS	_____	_____	HIPS	_____	_____
HEARING	_____	_____	SHOULDERS	_____	_____
NOSE	_____	_____	HAND, WRIST	_____	_____
MOUTH	_____	_____	ELBOW	_____	_____
LYMPH NODES	_____	_____	NECK	_____	_____
CHEST/LUNGS	_____	_____	BACK	_____	_____
HEART	_____	_____	NEUROLOGICAL	_____	_____
ABDOMEN, LIVER, SPLEEN, KIDNEYS	_____	_____			
GENITALIA (no pelvic exam required)	_____	_____			
HERNIA	_____	_____			
SKIN	_____	_____			
FLEXIBILITY	RIGHT	LEFT			
(N-Normal A-Adequate I-Inadequate)					
GROIN	_____	_____			
QUADS	_____	_____			
HAMSTRINGS	_____	_____			
CALF	_____	_____			
SHOULDERS	_____	_____			
ELBOWS	_____	_____			
BACK FLEXION	_____	_____			
BACK EXTENSION	_____	_____			

PHYSICIAN: PLEASE COMMENT IN THE SPACE PROVIDED RE: ANY UNSATISFACTORY MARK.

CIRCLE ONE : A B C D

- A - Cleared for full diving participation
- B - Cleared pending re-exam of _____
- C - Cleared for restricted diving participation
- D - Denied clearance

I CERTIFY THAT THIS DIVER HAS BEEN EXAMINED BY _____

ON THIS DATE AND IS FOUND TO BE ABLE TO PARTICIPATE IN DIVING AS CLEARED ABOVE (A,B,C,D):

PHYSICIAN'S SIGNATURE _____ M.D.

DATE ___/___/___ PHONE (____) _____

MEDICAL OFFICE _____

 (city) _____ (st) _____ (zip) _____

PREPARTICIPATION SCREENING EVALUATION MEDICAL HISTORY

To be completed by diver and parent(s) or guardian(s)

DIVER'S NAME _____

INSTRUCTIONS: Please sit down with your parent(s) or guardian(s) and complete all 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 needed. All **YES** answers are to be fully explained!

After completing all the questions, both the diver and the parent(s) or guardian(s) are to sign the form on their appropriate lines. **THE PHYSICAL EXAM WILL ONLY BE GIVEN IF BOTH SIGNATURES ARE PRESENT!** Bring this signed, completed form with you on the day of the exam.

DISEASE & 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 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 been 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 date and 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 question 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 appliance? If answer is yes, underscore the appropriate appliance.
Permanent bridge / permanent crown or jacket /
removable partial / full plate

YES NO 14. Have you ever had ventilation tubes put in ears because of hearing loss and/or recurrent earaches as a child?

- YES NO 15. Do you have difficulty in clearing your ears during a plane trip, or at anytime there is a change in altitude?
- YES NO 16. Do you know how to keep water from rushing up into your nostrils so you do not have severe headaches on feet-first entries?
- YES NO 17. Do you get so called "swimmer's ears" frequently?

GENERAL

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

IMMUNIZATIONS

- YES NO 30. Have you completed oral polio immunization?
31. Date of:
(a) most recent tetanus immunization ___/___/___
(b) measles, mumps, rubella ___/___/___

HEAD & NECK INJURIES

- YES NO 32. Have you ever been "knocked out" or experienced a concussion during the past three years? If yes, give dates of all and if hospitalized. _____
- YES NO 33. Have you ever had any injury to the neck involving nerves, vertebrae (bones), or vertebral discs that has incapacitated you for a week or longer? IF YES, give dates.

BONE & JOINT

- YES NO 34. Have you ever been treated for Osgood-Schlatter?
- YES NO 35. Have you ever been treated for osteomyelitis?
- YES NO 36. Have you had a fracture during the past two years? If yes, indicate the anatomical site of the fracture and date. _____
- YES NO 37. Have you had a shoulder dislocation, separation or other shoulder injury (bursitis, tendinitis) during the past two years that has incapacitated you for a week or longer?
- YES NO 38. Have you ever been advised to have surgery to correct a shoulder condition?
- YES NO 39. Have you ever experienced a severe sprain, dislocation or fracture to either elbow during the past two years? If yes, give the dates. _____
- YES NO 40. Have you ever had an injury to your back? If yes, did you seek the advice or care of a medical doctor? _____
- YES NO 41. Do you have spondylolysis (stress fracture of lower back) or spondylolisthesis? _____
- YES NO 42. Do you ever experience pain in your back? If yes, indicate frequency with which you experience pain by underscoring the answer: Very seldom / occasionally / frequently / only on vigorous exercise / heavy lifting
- YES NO 43. Do you think your back is weak?
- YES NO 44. Have you experienced a strain to either knee during the past two years with severe swelling accompanying the injury?
- YES NO 45. Have you ever been told that you had injured the ligamen. of either knee joint?
- YES NO 46. Have you ever been told that you had injured the cartilage of either knee joint?
- YES NO 47. Have you ever been told that you have a 'trick' knee?
- YES NO 48. Have you ever been advised to have surgery to a knee to correct a condition?
- YES NO 49. Have you ever had any foot problems before such as pain in your feet while walking, running or standing?
- YES NO 50. Have you ever had shin splints or a stress fracture in your leg?
- YES NO 51. Have you had Achilles tendinitis?
- YES NO 52. Do you have weak ankles or have you ever sprained your ankles previous to this exam?

PARENT(S) OR GUARDIAN(S)

- YES NO Is there any reason you feel your son or daughter should not participate in diving?

PARENT(S) / GUARDIAN(S) / DIVER

All of the above questions have been answered completely and truthfully to the best of our knowledge.

_____/_____/_____
(date) Parent(s) or Guardian(s) signature

_____/_____/_____
(date) Diver signature