



ATLANTA DIVING ASSOCIATION  
2935 GRANGE HILL WAY  
CUMMING, GA 30041  
(770) 844-7710  
[www.atlantadiving.com](http://www.atlantadiving.com)

ADA invites you to attend one of our one week diving clinics. This will be an opportunity for you to practice your existing dives while learning new dives. Divers will be put in groups of similar ability levels. Divers that participate will have priority registration for our fall program that starts in September.

**WHO:** Any diver age 6-18 are welcome

**WHERE:** Georgia Tech Aquatic Center  
Campus Rec Center  
750 Ferst Drive, Atlanta, GA 30332

**WHEN:** Monday-Friday 11:30-1:00pm  
Session 1 July 6-10, 2009      Session 3 July 20-24, 2009  
Session 2 July 13-17, 2009      Session 4 July 27-31, 2009

**COST:** \$150 per session. You may attend as many sessions as you like. These lessons will be filled on a first come first serve basis.

In order to register your diver for these lessons, please download a summer application from our website at [www.atlantadiving.com](http://www.atlantadiving.com) and mail it in.

Contact Grant Segal 770/844-7710 or [atlantadiving@mindspring.com](mailto:atlantadiving@mindspring.com)



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**APPLICATION FOR 2009 SUMMER CLINICS**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ GENDER: MALE or FEMALE

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ GRADE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PREVIOUS TRAINING(new divers only): \_\_\_\_\_

HOW DID YOU HEAR ABOUT ADA: \_\_\_\_\_

SITE: GA TECH AQUATIC CENTER

ALL LESSONS WILL BE: 11:30-1:00pm  
 Mon, Tues, Wed, Thurs, and Fri

COST: \$150 per session

<u>SESSION #</u>	<u>DATES</u>	<u>CHECK TO SIGN UP</u>
Session 1	July 6-10, 2009	_____
Session 2	July 13-17, 2009	_____
Session 3	July 20-24, 2009	_____
Session 4	July 27-31, 2009	_____

TOTAL AMOUNT DUE (payable to Atlanta Diving Assoc.): \$ \_\_\_\_\_

I have read and agree to abide by the Atlanta Diving Association policies and procedures.  
 NO FEES WILL BE PRORATED.

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

**Atlanta Diving Association, Inc.**  
**General Release and Waiver of Liability**

In consideration for being allowed to participate in practices, training sessions, meets, competitions, and/or any activities associated with Atlanta Diving Association, the undersigned:

1. Agree(s) to release, waive, indemnify, hold harmless and release from any and all liability to Atlanta Diving Association, Inc its administrators, directors, officers, shareholders, coaches, and representatives(hereinafter referred to as the releasees) from any and all present or future claims, rights, demands, damages, causes of action and/or liability of every nature and kind whatsoever which the undersigned may have against the releasees of claims caused or alleged to be cause in whole or in part of the actions, inactions or negligent of the releasees.
2. It is understood by the undersigned that participation in the sports programs as well as related events, practices, competitions, and activities including travel to and from related events, competitions, and activities with Atlanta Diving Association, Inc could cause serious injury, including permanent impairment and/or disability, spinal cord injury, head injuries, fractures, sprains, paralysis, emotional and psychological injuries, social and economic losses and death which may result not only from the participant's own actions, inactions or negligence but also the actions, inactions or negligence of others, including the negligence of the releasees, the rules of play or the conditions of the premises or any of the equipment used. The events, practices, competitions, activities and travel include, but are not limited to, warm-up activities, mat drills, somersaulting drills, trampoline exercises, dry-land exercises, springboard and platform diving, automobile travel to and from events, competitions, practices, and/or activities.
3. The undersigned expressly agree(s) to release, waive, indemnify, hold harmless and discharge the releasees from any and all liability to each of the undersigned for any and all claims, demands, costs, attorney's fees, losses or damages on account of injuries or death including, but not limited to those injuries as set forth above whether caused in whole or in part by the negligence of the releasees or others while the undersigned is engaging, participating or present during any event, competition, practice, training session, activity or travel. The undersigned expressly release(s) and waive(s) any claim for injuries, death, damages or loss against the releasees caused in whole or part by the negligence of any releasee or negligence of a combination of releasees or others.
4. In entering into this release, the parties declare that they fully understand the terms of this release and voluntarily enter into this release and voluntarily accept its provisions. Further, the undersigned represent that they have completely read all the terms and conditions hereof and that such terms are fully understood and voluntarily accepted by all parties.
5. The undersigned acknowledge that they are waiving and releasing substantial rights and claims and potential future claims and have voluntarily decided to assume the inherent risks involved.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Athlete Printed Name

\_\_\_\_\_  
Date

If the age of the athlete is less than eighteen(18) years of age, then the parent or legal guardian must also sign below.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Parent or Legal Guardian Printed Name

\_\_\_\_\_  
Date