



**DIVER REGISTRATION FORM YEAR 20\_\_ - 20\_\_**  
(All information will be kept confidential)

(By submitting this form, the below named people acknowledge that they have read and agree to abide by the policies and procedures as stated in the Central Massachusetts Diving Program Information)

Diver's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Telephone # \_\_\_\_\_ Do you have an answering Machine: Yes \_\_\_ NO \_\_\_

Street Address \_\_\_\_\_

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

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Summer Swim/ Dive Club \_\_\_\_\_ Summer Dive Coach \_\_\_\_\_

DIVER'S E-MAIL ADDRESS \_\_\_\_\_

**\*\*NOTE:** Central Massachusetts Diving will use e-mail as the main means of communications with divers and their parents. We can send you statements to you via e-mail or home. If you have a different e-mail address than your child, please list it below so we can make sure that you are receiving all of the correspondence that we send. If you wish to receive your statement via e-mail, please indicate below.

PARENT OR GUARDIAN E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_ Please send all billing statements to me via e-mail.

\_\_\_\_\_ I plan to pay all my fees at the beginning of each month.

\_\_\_\_\_ Please invoice me for yearly fee in three payments.

**In Case of Emergency, please try to contact us at one of these numbers:**

Guardians(s) \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Central Massachusetts Diving\* Worcester, MA\* USA\* 508.410.3899 (Cell)\*

[www.centralmassdiving.com](http://www.centralmassdiving.com) (Website)\* [wil@centralmassdiving.com](mailto:wil@centralmassdiving.com) (E-Mail)



## CMD DIVER PAYMENT PLAN

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There are responsibilities and expenses associated with a diver's participation in the Central Mass Diving. The primary expenses are the program fees; payable monthly, installments or yearly to Wil Aybar or CMD.

*Yearly, installments or monthly fees are still paid if a diver is unable to attend due to injury or illness.*

Here are the three different Rewards:

**\$180 (Gold) Best Deal--> unlimited**

**\*yearly \$1945 (10% off)**

**\*\* 3 payments of \$685 (5% off)**

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**\$150 (Silver) twice a week (\$30 per extra day)**

**\*yearly \$1620 (10% off)**

**\*\* 3 payments of \$570 (5% off)**

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**\$130 (Bronze) once a week (\$20 per extra day)**

**\*yearly \$1410 (10% off)**

**\*\* 3 payments of \$495 (5% off)**

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**\*When paying yearly you will be discounted 10% off total services giving you a free Month of diving.**

**\*\* When paying in installments (once every 4 Months) you will be discounted 5% off total services.**

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I \_\_\_\_\_ choose the (GOLD, SILVER or BRONZE) plan.  
(Print name) (Circle one)

I will be making (YEARLY, INSTALLMENTS or MONTHLY) payments.  
(Circle one)

***\*\*I understand if I choose the monthly plan, I may change my plan throughout the season to fit my needs; realizing the difference in price ranges above.***

Make Payments payable to Wil Aybar or CMD

\*\*\*\*A processing fee of \$25 will be charged for returned checks. \*\*\*\*

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[www.centralmassdiving.com](http://www.centralmassdiving.com) (Website)\* [wil@centralmassdiving.com](mailto:wil@centralmassdiving.com) (E-Mail)



Emergency Information & Authorization to Consent to Medical Treatment  
Form

I, \_\_\_\_\_, request that the following information be  
(Parent or Guardian)  
considered when medical treatment is rendered to \_\_\_\_\_.  
(Diver's Name)

Known Allergies \_\_\_\_\_  
\_\_\_\_\_

Medication Child is Taking \_\_\_\_\_  
\_\_\_\_\_

Medical History \_\_\_\_\_  
\_\_\_\_\_

Choice of Hospital or Facility \_\_\_\_\_  
\_\_\_\_\_

Choice of Physician(s) (include specialists) \_\_\_\_\_  
\_\_\_\_\_

Child's Home Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

Parent or Guardian Address \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

I / We authorize Central Massachusetts Diving, one of it's coaches or representatives to consent to any examination, anesthetic, X-ray, medical or surgical diagnosis or treatment and/or hospital care to be rendered to the above named minor child under the general or special supervision and the advice of any physician or surgeon licensed to practice when efforts to contact us are unsuccessful.

\* NOTE: This signed Emergency Information & Authorization to Consent to Medical Treatment Form will be kept at the Hart Pool and/ or taken to diving meets, trips, etc. in the event that an accident occurs and the parent(s) or Guardians(s) cannot be reached. These must be completed and on file with Central Mass Diving prior to any participation in the CMD program.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent or Guardian)



**CENTRAL MASSACHUSETTS DIVING**



GENERAL RELEASE AND WAIVER OF LIABILITY

In consideration of being allowed to participate in the amateur diving program conducted by Central Massachusetts Diving, including any related events, activities and coaching instruction, the undersigned:

1. Agree that prior to participating, or in the case of minor participant, the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, the participant should inspect the facilities and equipment to be used, and if the participant believe anything is unsafe, the participant shall immediately advise his or her coach or supervisor of such condition(s) and the participant shall refuse to participate until such unsafe condition is corrected.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including physical disfigurement, mental anguish, permanent disability (partial or total) and death, and severe social and economic losses which may 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, acknowledge and fully understand that there may be other risks not known or reasonably foreseeable to Central Massachusetts Diving, its coaches or staff.
3. Assume all risks associated with participation in the Central Massachusetts Diving program, including those set forth in the foregoing paragraph 2 whether such risks are foreseeable, and accept personal responsibility for any damages resulting from an injury, disability or death resulting in whole or part from participation in the Central Massachusetts diving program.
4. Release, waive, discharge and covenant not use to sue Central Massachusetts Diving, College of the Holy Cross, it's administrators, directors, agents, officers, shareholders, coaches, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and owners and/or lessors of the premises used to conduct the event or instruction (collectively "Releasees") from any and all present or future claims, rights, demands, controversies, damages, actions, causes or actions and/or liability of every nature and kind whatsoever, either in the law or in equity ("Claims") which the undersigned may have against the Releasees for Claims caused or alleged to be caused in whole or in part of the actions, inactions or negligence of the Releasees.
5. The undersigned fully understand that any one of them may suffer injuries or damages that are currently unknown and that unknown complications may arise develop or be discovered in the future. The undersigned hereby waive any rights to assert in the future any such claims not now known or suspected even though, if such claims were known, such knowledge would materially affect the terms of this Release. In entering into the Release, the parties declare that they fully understand the terms of this Release and voluntarily enter into the 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 the parties. Further, the undersigned warrant, represent and agree that they are not relying on the advice of Central Massachusetts Diving, The College of Holy Cross, it's administrators, directors, agents, shareholders, officers, coaches, or other employees as to the legal or other consequences arising out of this Release.
6. This release shall be construed in accordance with and governed by the laws of the State of Massachusetts and shall be binding upon and inure to the benefit of the respective, their successors and assigns

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

\_\_\_\_\_  
Athlete (Printed Name)

**If Athlete is less than 18 years of age, the parent or legal guardian must also sign below.**

\_\_\_\_\_  
Parent or Legal Guardian (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Parent or Legal Guardian (printed Name)