



MIAMI DIVING

SUMMER DIVING CAMP & SUMMER LESSONS

AT THE UNIVERSITY OF MIAMI

The Miami Diving Team is one of the best diving teams in the nation. Many national champions and Olympians have emerged from this program. It is our goal to provide a diving program that emphasizes learning and fun. Our coaches are certified instructors. We are offering weekly diving camps and lessons from June 6 – Aug 12.

Children 6 and older will learn, improve, and have fun by using our dry-land area, which includes the use of the trampoline, tumbling mats as well as water workouts.

SUMMER CAMP:

When: June 6 – Aug 12
Schedule: 9:00 AM – 2:30 PM • Monday – Friday
(See www.miamidiving.com for detailed schedule)
Cost: \$250 per session + \$40 One time reg. fee
(\$40 off Reg. Fee for second siblings only)

**Campers will have to bring or get lunch at the school's food court next to the pool.*

SUMMER LESSONS:

When: June 6 – Aug 12
Schedule: 4:00 PM – 5:00 PM • 5:00 PM – 6:00 PM • Monday – Friday
Cost: \$110 (5 lessons) + One-time \$40 Registration Fee

Camp Director: Dario Di Fazio
Two-time Olympian from Venezuela (Barcelona 1992, Atlanta 1996), 7 time South American Champion, 39 times Venezuelan National Champion, 1999-2002 2010 USA National Diving Coach.

FOR DETAILS AND REGISTRATION:

You can visit our website at www.miamidiving.com. You will be able to print a registration form. Or if you wish, you can also call us at **305-284-3639** and we will be glad to mail you or fax any information.



SUMMER CAMP & LESSONS REGISTRATION FORM

To enroll complete this form and submit it along with payment to:
Miami Diving
P.O. Box 248313
Miami, FL 33124

Parent's Name: _____
Child's Name: _____ M F
Date of Birth: ____/____/____ Age: ____ School Year: ____ Are you a "Letter of Award Winner"? Yes No
Address: _____ City: _____ State: ____ Zip: _____
Home Telephone: _____ Business Telephone: _____
Mobile: _____ E-mail: _____
Does your child suffer of any condition we should be aware of? Yes No
If yes explain: _____
In case of emergency: Contact Name: _____ Telephone: _____

CAMP AND LESSON SESSIONS

Camp session(s):	Lessons session(s):
<input type="checkbox"/> W1 • June 6 – June 10	<input type="checkbox"/> W1 • June 6 – June 10
<input type="checkbox"/> W2 • June 13 – June 17	<input type="checkbox"/> W2 • June 13 – June 17
<input type="checkbox"/> W3 • June 20 – June 24	<input type="checkbox"/> W3 • 20 – June 24
<input type="checkbox"/> W4 • June 27 – July 1	<input type="checkbox"/> W4 • June 27 – July 1
<input type="checkbox"/> W5 • July 4– July 8	<input type="checkbox"/> W5 • July 4– July 8
<input type="checkbox"/> W6 • July 11 – July 15	<input type="checkbox"/> W6 • July 11 – July 15
<input type="checkbox"/> W7 • July 18 – July 22	<input type="checkbox"/> W7 • July 18 – July 22
<input type="checkbox"/> W8 • July 25 – July 29	<input type="checkbox"/> W8 • July 25 – July 29
<input type="checkbox"/> W9 • Aug. 1– Aug. 5	<input type="checkbox"/> W9 • Aug. 1– Aug. 5
<input type="checkbox"/> W10 • Aug. 8 – Aug. 12	<input type="checkbox"/> W10 • Aug. 8 – Aug. 12

How did you hear about us? _____
Of week camp _____ x \$250.00 = \$ _____
Camp Registration \$40.00 = \$ _____
Of week lessons ____ x \$110.00 = \$ _____
Lessons Registration \$40.00 = \$ _____
Total \$ _____

Make checks payable to: Miami Diving

RELEASE: In consideration of being allowed to participate in any way in the Miami Diving Camp or lessons program, the undersigned:
Camper Name: _____ In the event of injury to or illness of our son/daughter/ward,
_____, born on this date: _____, I (we) hereby authorize Miami Diving, the
University of Miami, or representatives thereof, to admit the above named individual to a facility for emergency medical treatment as may be deemed
necessary to his or her health welfare. It is the responsibility of the parent/guardian to inform the camp in writing of any changes. The undersigned hereby
consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the individual named above, their heirs, assigns and
personal representatives, hereby release the University of Miami, its trustees, officers, faculty, and employees from any and all claims arising out of the
admission to, or treatment administered by, such facility.

ASSUMPTION OF RISK AND RELEASE: The undersigned hereby acknowledges and agrees that participation in the camp and related activities carries
with it an inherent risk of physical injury. In consideration of the registrant's participation in the camp, the undersigned, on behalf of the registrant, hereby
assumes all such risks of physical injury and does hereby release and forever discharge Miami Diving, the University of Miami, its trustees, employees and
agents from any and all liability, claim, or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and/or
participation in the camp.

PHOTOGRAPHIC RELEASE: I hereby authorize Miami Diving, the University of Miami and the members of its staff to take such photographs, for websites,
television recordings and/or live television transmission of the registrant in whole, or in part, as they or members of the staff may wish, and to use and
publish the same in such places and publications as the University of Miami or its staff in its sole discretion consider to be of benefit to said University. I
hereby waive any rights that I may have to inspect and/or approve the finished product that may be used here under or the specific use to which it may
be applied. The undersigned hereby acknowledges that he/she is the legal guardian of the camp registrant and has read and agrees with the Consent to
Medical and/or Surgical Treatment, Assumption of Risk and Release and Photographic Release stated above.

The parent(s)/legal guardian(s) represent that the participant(s) has medical insurance coverage through (name of the insurance
provider): _____ (policy number): _____ This consent is granted for the period of the camp.

PARENTS'S SIGNATURE

DATE

PLEASE READ THE FOLLOWING AND INITIAL WHERE INDICATED

The Miami Diving Summer Diving Camp is a separate legal entity from the university, and that the camp/clinic is not sponsored, endorsed, selected, affiliated, or recommended by the University of Miami. The Miami Diving Camp is open to any and all entrants.

I. Cancellation / Refund Policy:

- Since spaces are limited, full payment is due to reserve your child's space in camp.
- Exchanges will be accommodated, as spaces are available only.
- After May 27th, a \$100.00 fee per week of canceled camp is assessed and the remainder is refunded. \$40 registration fee is not refundable.
- There will be no refunds or make up for days missed of camp.

Initial _____

2.If you drop off your child prior 8:45 am or after 9:00am, Miami Diving, Hurricane Aquatics, the University of Miami, the camp director, counselors are not responsible for your child getting to the pool area.

Initial _____

3.The Miami Diving team reserves the right to call a parent and have a child picked up if disciplinary problem arises. If problem persists, we reserve the right to expel your child without refund.

Initial _____

4.The Miami Diving, University Of Miami, coaches, staff, Hurricane Aquatics, and officials are not responsible for any lost or stolen items.

Initial _____

5.To participate in the Miami Diving Summer Camp, each camper must be comfortable in water depth that exceeds his/her height. If you are not sure that your child is able to fulfill this part of the camp requirement, please contact our office. There will be no refunds given due to inability to swim.

Initial _____

6.The diving camp involves a great amount of outdoor activities. Sunscreen is very important and the parent should apply on the child prior to arriving to camp. Coaches will remind and assist with the re-applying of sunscreen throughout the day. The Miami Diving team, University of Miami and the coaches are not liable for sunburn on the campers.

Initial _____

7.I/we understand that Miami Diving, University Of Miami, coaches, staff, Hurricane Aquatics, and officials assume no responsibility of my child(ren) after the day camp or lessons are over. I/we agree to pick up my child(ren) on time. Parents must pick up their child on the pool deck. Campers will not be allowed to walk to the circle area by Stanford by themselves unless 8 is initialed.

Initial _____

8.I/We will like to pick up my child(ren) by the circle area at Stanford Dr. I/we understand that my child(ren) will walk to such area with no supervision. I/we agree that Dario Di Fazio, Miami Diving, the University Of Miami, Hurricane Aquatics ,coaches, staff, , and officials assume no responsibility of my child(ren) if he/she/they are picked up at such location.

Initial _____