



## 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 # \_\_\_\_\_ Cell phone # \_\_\_\_\_

StreetAddress \_\_\_\_\_

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

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

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

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

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

AAU MEMBERSHIP # : \_\_\_\_\_ (this changes yearly)

To get AAU Membership follow information on <https://centralmassdiving.com/registration>

**\*\*NOTE:** Central Massachusetts Diving will use e-mail as the main means of communications with divers and their parents.

Monthly statements will be sent via parents' email and payable using any of the 3 following methods: **\*Check Preferred\***

Check PAYABLE TO: "CMD" or CASH APP: \$CMDTWISTERS or VENMO: @CMD\_TWISTERS

**\*\*Note: If using CASH APP or VENMO an extra \$20 must be added to tuition to cover transaction fees.**

**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\* 978-30-TWIST (Cell)

\* [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)

Central Massachusetts Diving\* Worcester, MA\* USA\* 978-30-TWIST (Cell)

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## CMD DIVER PAYMENT PLAN

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

- 1) **Check preferred**: PAYABLE TO "CMD" \*\*A processing fee of \$25 will be charged for returned checks. \*\*
- 2) CASH APP → \$CMDTWISTERS or VENMO → @CMD\_TWISTERS  
→ You can scan this QR code on your phone using Cash app OR Venmo (reminder to add \$15 to tuition)



\*\*\*Here are the three different tiers per MONTH: you can also find other information on

<https://centralmassdiving.com/tuition>

**\$275 (Gold) Best Deal → Unlimited (usually 11+ practices a Month)**

**\*\*\$295 if using CASH APP or Venmo (an extra \$20 to cover transaction fees)**

**\$225 (Silver) twice a week (\$25 per extra day) (8 practices a Month)**

**\*\*\$245 if using CASH APP or Venmo (an extra \$20 to cover transaction fees)**

**\$160 (Bronze) once a week (\$25 per extra day) (4 practices a Month)**

**\*\*\$180 if using CASH APP or Venmo (an extra \$20 to cover transaction fees)**

**\*\*FLEXABILITY → You may change your MONTHLY plan throughout the season to fit your schedule; realizing the difference in price ranges above. Tuition is due by the first week of the Month and does not carry over from Month to Month due to missed days\*\***

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## **Central Mass Diving COVID-19 Safety Plan Agreement**

All CMD Members (Parents and Divers alike) must READ and agree in writing (below) to practice the following Covid-19 Safety Recommendations from United States Diving, Inc. Summary of Rules that Pertain to CMD Divers and Parents:

- Have temperature taken on arrival of entrance to CMD.
- 12 and over divers must show proof of covid vaccination.
- Wear a facial mask at all times you are on the property.
- Divers may remove mask while diving or in our belt safety spotting system.
- Maintain 6 feet of social distancing in all directions with all non-family members.
- While diving divers must wait in line separated by six feet at all times and have mask on while waiting to get on the board.
- Parents are not permitted on the pool deck during practice.
- All divers must come dressed to dive. There will be no showering in locker rooms. All divers must shower at home prior to entry to the pool.
- Divers must enter the front door of the Luth Complex check in front desk. After check in continue to pool via pool entrance right above ramp not via the locker room.
- Divers must exit the pool using the doors at the shallow end of the pool leading to the lobby.



### **COVID-19 Return to Practice Plan:**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

These symptoms may appear **2-14 days after exposure to the virus:**

- Fever (greater than 38 degrees C or 100.4 degrees F)
- Cough
- Shortness of breath or difficulty breathing.
- Chills
- Repeated shaking with chills
- Muscle and/or Body aches or pain (different from muscle pain following activity)
- Headache
- Sore throat
- New loss of taste or smell

Return to practice should follow the recommendation of the family health care provider and public health. Current recommendation is that self-isolation should continue for 10 days from when symptoms first appeared and at least 24 hours with fever free without use of fever reducing medication, but all symptoms must be resolved prior to return to activity. If diagnosed with COVID-19, a note from the individual family healthcare provider is required for return to training. In athletes, this may include a physical exam prior to return with cardiac evaluation.

If you test positive for COVID-19 and are asymptomatic, self-isolation should continue for 10 days following the positive test as long as no symptoms develop. However, you should consult with your health care provider for further recommendations.

Aquatics Venues:

There is no evidence that COVID-19 can be spread to humans through the use of recreational waters.

For more information about COVID-19 considerations for aquatics venues, please visit [CDC Considerations for Aquatics Venues webpage](#).

For additional health information, please check with your state and local health department websites for current updates on policies for your specific areas.

## **COVID-19 Symptom Assessment:**

Symptoms **MUST** be monitored daily

Prior to each practice each athlete, coach and staff should be asked if they feel ill in any way, if anyone in their house is ill, or if they have any specific symptoms identified by the CDC. In addition to the questions, a pre-practice temperature check must occur. This will allow all staff, coaches, and athletes to pause and self-assess for symptoms and attest they are free of symptoms.

If symptoms are present, that individual will not be allowed to enter the training facility and should remain home following self-quarantine practices. Seek medical attention if warranted. If an athlete/coach/staff has had a COVID-19 diagnosis, they need a note from their health care provider to return to participation.

### **SAFE DIVING Recommendations:**

- No COVID-19 symptoms in the past 14 days
- No contact with someone that has tested positive in the past 14 days
- Wash your hands with a disinfectant soap and water (for 20 seconds or longer) or, use a hand sanitizer if soap and water are not readily available before going to the pool.
- Do not attend practice if you, or a member of your household does not feel well.
- No carpooling to practice.
- Arrive as close as possible to when activity begins
- Cloth masks should be worn into/out of the facility and in public spaces
- Do not use the locker room or changing area. > Shower at home, wear your suit to and from practice
- Bring a full water bottle to avoid touching a tap or water fountain handle. No sharing of water bottles.
- Do not make physical contact with others, such as shaking hands or giving a high five.
- Avoid sharing food, drinks, or towels
- Avoid touching your face.
- Chamois should be washed following each practice and not thrown on the pool deck
- Avoid touching gates, fences, benches, etc. if you can.
- If you need to sneeze or cough, do so into a tissue or upper sleeve/arm area.
- Coaches should consider using masks during practice and should establish a 6-foot coaching box to maintain social distancing
- Always have hand sanitizer available and in many locations
- The smaller the groups, the better. > Please follow state and local guidelines.
- Do not share equipment.
- Follow directions for spacing and stay at least six feet apart from others both in dry land and in the pool
- Trampoline, harness, dry boards, dryland mats all should be cleaned between each participant and each use
- Use of weight room with cleaning of equipment between each individual use
- Dry boards and foam pits may be used if cleanliness of the foam can be ensured
- Maintain appropriate social distancing from other athletes when taking a break.
- Leave the facility as soon as reasonably possible after practice.
- Wash your hands thoroughly or use a hand sanitizer after leaving the pool.
- No extra-curricular or social activity should take place. > No congregation after diving
- Rigorous and frequent cleaning schedule before, during and after practice of all high touch surfaces (i.e. mats, handrails, pool decks, warm up and cool down equipment etc.) should be cleaned with appropriate disinfectant.



**COVID-19 WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

In consideration for receiving permission to BE ON PREMISES with Central Mass Diving @ the College of the Holy Cross (hereinafter the “Activity or Activities”), I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and

agree to the following:

1. I understand the hazards of the novel coronavirus (“COVID-19”) and am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated, and I accept full responsibility for familiarizing myself with the most recent updates.
2. I have read and agree to adhere to the Rules outlined in the **CMD Covid-19 Safety Plan/ Covid-19 Return to Practice Plan by United States Diving, Inc.**
3. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities.
4. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children from whom I have the capacity contract) The College of the Holy Cross and Central Mass Diving.
5. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys’ fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
6. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of Massachusetts. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

NAMES OF MINOR CHILD(REN): \_\_\_\_\_

\_\_\_\_\_

**Appendix 2**

**COLLEGE OF THE HOLY CROSS**

**WAIVER AND ASSUMPTION OF RISK FOR USE OF POOL**

**IN CONSIDERATION of being permitted to enter the Pool in the Luth Athletic Complex located on the College of the Holy Cross (herein "Pool") for any purpose, including, but not limited to, observation, participating in physical activities or using facilities or equipment in any way, I, on behalf of myself, my personal representatives, heirs, assigns, and next of kin, hereby acknowledge, agree, represent, and warrant with respect to any present or future entry into or use of the Pool that:**

1. Immediately upon entering, I will inspect the premises of the Pool, and I further warrant that such entry into the Pool for observation, participation in physical activities or use of any facilities or equipment constitutes an acknowledgment that I find and accept same as being safe and reasonably suited for the purposes of such observation, participation or use.
2. I am aware that the Pool may have facilities and equipment for athletic activities including, but not limited to, weight training, walking, stair-climbing, jogging and running, rowing, and aerobic activities. I understand that participation in physical activities and the use of facilities or equipment at the Pool involves inherent risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. I represent that I am voluntarily observing or participating in Pool activities and using Pool facilities or equipment with full knowledge of all potential dangers involved therein and I further understand that the Pool is an unattended facility and there may be no Holy Cross College representatives or staff assigned to monitor my activities at the Pool. I hereby assume full responsibility for and risk of bodily injury, death or property damage (whether due to ordinary negligence or otherwise) arising in connection with my observation, participation in physical activities and use of Pool facilities and equipment.
3. I represent to Holy Cross College that I am physically fit to perform those activities which I may undertake to perform at the Pool and that I am solely responsible for all health risks associated with such activities. I understand that Holy Cross College recommends that I seek approval from a physician before participating in such activities. Either I have had a physical examination and have received a physician's permission to participate in these activities, or I have decided to participate in these activities without the approval of my physician. I understand that any evaluation or assessment of my physical fitness and any recommendation of activities made by Athletics Staff shall not be a substitute for obtaining such evaluation, assessment or recommendation from my physician before undertaking a physical exercise program or engaging in any of the activities at the Pool. I understand that any information about my physical condition that I provide to the athletic staff is for informational purposes only and that Holy Cross College is not responsible for determining my physical fitness.
4. I understand and agree that my use of the Pool is voluntary and only to be undertaken on my own personal time. If am an employee, I understand that my use of the Pool is not within the course or scope of my employment.
5. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Holy Cross College, its trustees, officers, employees, independent contractors and agents (hereinafter referred to as "Released Parties") from any and all liability for loss or damage, and any claim or demands therefore on account of injury to my person or property or resulting in my death, whether caused by the ordinary negligence of the Released Parties or otherwise arising in connection with my presence in, upon or about the Pool or my observation, participation in physical activities or the use of the facilities or equipment.
6. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Released Parties from any loss, liability, damage or cost (including but not limited to attorney fees) they may incur arising in connection with my presence in, upon or about the Pool or my observation, participation in physical activities or the use of the facilities or equipment and whether due to my negligence or otherwise.
7. I understand that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the laws of the state and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I confirm that I am at least 18 years of age, am freely signing this agreement, and that no oral representations statements or inducements apart from this written agreement have been made. I have read this form and fully understand that by signing this form, I am giving up legal rights and remedies that I might have now or in the future. I understand that my information will be kept secure and in confidence. The information contained herein shall be used for the sole purpose of assisting the staff in the evaluation of my safety for participation. External disclosures of this information will be limited to valid legal requests by law enforcement authorities and government agencies, legal proceedings where disclosure is necessary to protect the interest of the Athletic Staff and Holy Cross College in subpoenas and similar legal process.

By signing below, I confirm that I have read this Assumption of Risk and Waiver, understands its meaning and effect, and agree to be bound by its terms.

Your Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Parent's signature, if participant is under the age of 18: \_\_\_\_\_