



**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 diving clinics. This will be an opportunity for you to practice your existing dives while learning new dives. Participating divers will have priority registration for our fall program starting 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:** 2:00pm-3:30pm and 6:00-7:30pm  
Session 1 May 28—May 31, 2024  
Session 2 June 3—June 6, 2024  
Session 3 June 10—June 13, 2024  
Session 4 June 17--June 20, 2024  
No session June 24—June 27, 2024  
Session 5 July 1—July 5, 2024  
Session 6 July 8—July 11, 2024

**COST:** \$150 for 1 session, \$225 for 2 sessions, \$300 for 3 sessions.  
\$350 for 4 sessions, \$400 for 5 sessions, \$450 for 6 sessions.  
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 email it in.

Contact Amanda Miller at [amandaatlantadiving@gmail.com](mailto:amandaatlantadiving@gmail.com)



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**APPLICATION FOR 2024 SUMMER CLINICS**

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

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

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

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

CELL PHONE: \_\_\_\_\_ CELL PHONE #2: \_\_\_\_\_

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

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

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

SITE: GA TECH AQUATIC CENTER (CRC)

ALL LESSONS WILL BE: 2:00pm-3:30pm and 6:00-7:30pm

COST: \$150 for 1 session, \$225 for 2 sessions, and \$300 for 3 sessions  
 \$350 for 4 sessions, \$400 for 5 sessions, \$450 for 6+ sessions

<u>SESSION #</u>	<u>DATES</u>	<u>TIMES</u>	<u>CHECK TO SIGN UP</u>	<u>TIMES</u>	<u>CHECK TO SIGN UP</u>
Session 1	May 28- 30	2:00-3:30PM	_____	6:00-7:30PM	_____
Session 2	June 3-6	2:00-3:30PM	_____	6:00-7:30PM	_____
Session 3	June 10-13	2:00-3:30PM	_____	6:00-7:30PM	_____
Session 4	June 17-20	2:00-3:30PM	_____	6:00-7:30PM	_____
Session 5	July 1-5	2:00-3:30PM	_____	6:00-7:30PM	_____
Session 6	July 8-11	2:00-3:30PM	_____	6:00-7:30PM	_____

We reserve the right to cancel any session due to lack of registrations.

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

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