



KSDC CONSENT FORM 2020-2021

Diver's First and Last Name:	
Care Card Number:	
Medical Conditions: (Please List)	
Parent/ Guardian:	PRINT NAME
Emergency Contact #	
<input type="checkbox"/> I am not a minor and am completing this form on my behalf	

As the parent/ guardian of the above named minor, I consent / do not consent to the following:	Consent	Do Not Consent
1. The use of the diver's picture(s)/ video(s) in media associated with Kelowna Springboard Diving Club. This may include, but is not limited to, Facebook, twitter, Instagram, club posters & brochures, news media (TV, radio and print)	<input type="checkbox"/>	<input type="checkbox"/>
2. KSDC is able to take measures in case of emergencies or accidents, including, but not limited to, CPR (solely performed by lifeguards at the H2O and Rutland Family YMCA Pool), minor treatment (solely performed by lifeguards at the H2O and Rutland Family YMCA Pool), escort to physician care if required (KSDC executives & coaches will make every effort to contact parents/ guardians in case of emergency).	<input type="checkbox"/>	<input type="checkbox"/>

As the parent/ guardian of the above named diver I understand the following:	Please Initial
1. Although KSDC fosters and teaches safety in and out of the pool, diving can be a dangerous sport.	*required*
2. Through training, the coaches will occasionally use hands on spotting for instructional and safety purposes.	*required*

If you are NOT a minor, please provide an emergency contact:	
Emergency Contact Name:	
Relationship:	
Contact #:	

Parent/ Guardian Signature:	Date:
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