



TROJAN LEARN TO DIVE REGISTRATION FORM



NAME: _____
(Please print) First Middle Last

SEX: M _____ F _____ AGE: _____

BIRTHDAY: _____ USA DIVING #: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CELL PHONE: _____ E-MAIL: _____

PARENT/GUARDIAN NAME: _____

TEAM AFFILIATION: _____

COACH'S NAME: _____ E-MAIL: _____

REGISTRATION PROCESS

- Diver must be registered with an Athlete Membership at [USA Diving. Join Here](#). Annual membership is \$40, payable to USA Diving through their website. **Do not pay the Trojan Dive Club.**
- Registration for the program must be received **prior to participation**. A **non-refundable, one-time, registration fee of \$20** must accompany this completed packet.
- If signing up for multiple months, you can opt to pay in full at time of registration, or monthly. All fees must be paid **prior to the start of each month**. Make checks payable to Trojan Dive Club or pay online at our website: <http://www.trojandiveclub.org/learntodive/>
- Diver will not be allowed to participate in any activities until the completed packet and fees have been received.

PRICING and FEES

- Registration Fee: **\$20** *One-time only, non-refundable*
- Individual Day: **\$35**

CONTACT INFORMATION

Head Coach **Hongping Li** (213) 740-8445
Assistant Coach **Alyson Tam** (626) 940-4098



TROJAN LEARN TO DIVE DAY SELECTION FORM



November 2 to December 30, 2023

- All
 Weekly (up to 4x a week)
 Monthly (up to 16x a month)
 November
 December

Week	Tuesday	Thursday	Saturday	Sunday	Week	Tuesday	Thursday	Saturday	Sunday
<input type="checkbox"/> 1		<input type="checkbox"/> 11/2	<input type="checkbox"/> 11/4	<input type="checkbox"/> 11/5	<input type="checkbox"/> 2	<input type="checkbox"/> 11/7	<input type="checkbox"/> 11/9	<input type="checkbox"/> 11/11	<input type="checkbox"/> 11/12
<input type="checkbox"/> 3	<input type="checkbox"/> 11/14	<input type="checkbox"/> 11/16	<input type="checkbox"/> 11/18	<input type="checkbox"/> 11/19	<input type="checkbox"/> 4	<input type="checkbox"/> 11/21	Holiday	<input type="checkbox"/> 11/25	<input type="checkbox"/> 11/26
<input type="checkbox"/> 5	<input type="checkbox"/> 11/28	<input type="checkbox"/> 11/30	<input type="checkbox"/> 12/2	<input type="checkbox"/> 12/3	<input type="checkbox"/> 6	<input type="checkbox"/> 12/5	<input type="checkbox"/> 12/7	<input type="checkbox"/> 12/9	<input type="checkbox"/> 12/10
<input type="checkbox"/> 7	<input type="checkbox"/> 12/12	<input type="checkbox"/> 12/14	<input type="checkbox"/> 12/16	<input type="checkbox"/> 12/17	<input type="checkbox"/> 8	<input type="checkbox"/> 12/19	<input type="checkbox"/> 12/21	<input type="checkbox"/> 12/23	<input type="checkbox"/> 12/24
<input type="checkbox"/> 9	<input type="checkbox"/> 12/26	<input type="checkbox"/> 12/28	<input type="checkbox"/> 12/30	<input type="checkbox"/> 12/31					

Check "All" if diver will be enrolling in all classes, otherwise
 Check "Monthly" and the specific months, or
 Check "Weekly" and specific weeks, or
 Check "Daily" and specific days.

Daily: \$35 per day
Weekly: \$120 a week
Monthly: \$400 a month

November, 2023 \$ _____

December, 2023 \$ _____

Registration Fee: \$ _____

TOTAL DUE: \$

Send to: Hongping Li
Mail: USC Diving
 Uytengsu Aquatic Center
 1026 W. 34th ST
 Los Angeles, CA 90089-2511
Email: hpl@usc.edu
Fax: (213) 740-6177
Zelle: (213) 725-3569

Hongping Li

@Hongping-Li



zelle



venmo



TROJAN LEARN TO DIVE QUESTIONNAIRE



Name: _____ Birthday: _____

Email: _____ Cell Phone: _____

USA Diving ID: _____ Height: _____ Weight: _____

Father: _____ Profession: _____

E-mail: _____ Contact Phone: _____

Mother: _____ Profession: _____

E-mail: _____ Contact Phone: _____

Mailing Address: _____

School: _____

Coach: _____

E-mail: _____ Cell: _____

How did you find out about our dive program? _____

Previous Injuries and Current Status: _____



TROJAN LEARN TO DIVE RULES and REGULATIONS



1. Each diver must be aware of, and abide by, all federal, state and local laws, ordinances and university regulations.
2. Behavior considered to be harmful to the honor and reputation of USC, the Trojan Dive Club or other divers is prohibited.
3. Consumption of alcohol or smoking is strictly prohibited.
4. Drugs may not be used at any time except as approved by the medical authorities.
5. Divers are expected, in both attitude and behavior, to make a positive contribution to their sport.
6. Respect yourself, your fellow divers, coaches and the program staff.
7. Respect USC property and facilities including dryland and diving equipment.
8. Individual activities without permission and an adult supervision are not permitted.

I have read, understand and agree to follow these rules and regulations.

Diver Name: (Print) _____

Signature: _____ Date: _____

Parent or Guardian: (Print) _____

Signature: _____ Date: _____

The Trojan Dive Camp offers programs on a limited basis. There are certain risks inherent in the use of equipment and/or participation in certain programs which you should consider before you begin such activities. As a participant in this program, the undersigned, on behalf of us and our minor dependents (collectively, "our"), understand that participation can involve physical activity, which could result in injury. The undersigned also understand that use of the facilities is exclusively limited to the area(s) in which the program is being conducted and that use will be strictly under staff supervision. For, and in consideration of the Trojan Dive Camp sponsoring program, and the University of Southern California allowing use of its facilities for this program, and with the understanding of the risks involved in our participation, the undersigned on behalf of ourselves, our dependents and heirs agree to release and forever discharge the Trojan Dive Camp and the University of Southern California, their officers, directors, employees, contractors and agents from any and all liabilities, demands or claims for loss or damage resulting from an injury or damage which may be sustained on account of participation in these classes or programs, or use of facilities.

Diver's Name: _____ Birthdate: _____

Email: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

Parent or Guardian if participant is a minor

EMERGENCY MEDICAL FORM



TROJAN LEARN TO DIVE PARTICIPANT WAIVER



I the undersigned/or parent, or legal guardian of _____ ("Participant"), do hereby authorize and consent to Trojan Dive Camp ("Authorized Party"), obtaining for the Participant any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or emergency room care facility ("Medical Facility") care to be rendered to the participant under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or Medical Facility care being required and, except as expressly limited below, is given to provide authority and power to render care which a Physician and Surgeon or Dentist in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned by telephone at the numbers listed below prior to rendering treatment to the participant, but that any of the above treatment will not be withheld if the undersigned cannot be reached. If the Authorized Party is a corporation this authorization shall include any officer, director or employee of said corporation or its affiliates. It is further understood that I (we) the undersigned are responsible for all charges for the above-mentioned diagnosis, treatment or hospital care.

This authorization is given pursuant to Section 25.8 of the Civil Code of California.

Limitations: (if any) _____

Signature: _____ Date: _____

THIS CONSENT SHALL REMAIN EFFECTIVE UNTIL _____

MEDICAL INFORMATION:

Birthdate: _____ Last Tetanus Booster _____

Print Father's Name _____

Employer & Address: _____

Print Mother's Name _____

Employer & Address: _____

Physician OR Christian Practitioner: _____

Known allergies to drugs or foods: _____

Insurance Co: _____ Policy Number _____

EMERGENCY CONTACT

PHONE #: _____

Cell Phone: _____

Phone: _____

Cell Phone: _____

Phone: _____

Phone: _____



TROJAN LEARN TO DIVE EXHIBIT "B"



EXHIBIT "B"

ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM (LOS ANGELES COUNTY, CALIFORNIA)

Name of Camp: Learn To Dive

Date(s) of Camp: November 2, 2023 to December 31, 2023

In consideration for being permitted to participate in the camp described above ("Activity"), I, my spouse, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless Trojan Dive Club and all camp staff and volunteers (collectively, "CAMP OPERATOR"), and the University of Southern California, its trustees, board, officers, agents, employees and any department, organization or group affiliated therewith (collectively "USC") for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences arising out of or resulting directly or indirectly from the Activity or my presence on any property owned, controlled, operated, licensed, or otherwise associated with CAMP OPERATOR or USC (the "Premises"), including but not limited to claims arising from or related to the negligence or carelessness on the part of CAMP OPERATOR, USC, camp staff or volunteers, and/or products liability, including strict products liability.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. I agree to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I also give consent to CAMP OPERATOR, the camp, its employees, staff, volunteers and agents and USC and its employees and agents to obtain medical treatment and assistance on my behalf, including but not limited to diagnostic, medical and/or surgical treatment, if such treatment should be necessary or desirable during the course of my participation in the Activity. I acknowledge, however, that I will be solely responsible for the cost of such treatment, or for any other medical treatment for me. I agree and understand that CAMP OPERATOR, USC, and the medical personnel participating in my care shall not be responsible in any way for any consequences resulting from said diagnostic, medical and/or surgical treatment and are fully released from any and all claims and demands whatsoever which may arise, grow out of or be incident to such diagnosis, treatment or surgery insofar as the law allows.

I understand that this Activity is neither administered nor sponsored by USC and that COACH is providing this instruction or camp outside the scope of his/her employment with USC (if any). I agree to release, hold harmless, defend, and indemnify USC, its governing board, its trustees, officers, its employees, its agents, and CAMP OPERATOR from any and all claims and liability arising out of the Activity or my presence on the Premises.

IT IS MY INTENTION BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, TO THE EXCLUSION OF CAMP OPERATOR OR USC, AND TO EXEMPT AND RELIEVE CAMP OPERATOR AND USC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.



TROJAN LEARN TO DIVE EXHIBIT "B"



I also understand and acknowledge that, despite the health and safety measures that CAMP OPERATOR and USC are instituting to help protect staff, faculty, students, and campus visitors from COVID-19, an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. I understand and acknowledge that participating in the Activity and/or entering the Premises may expose me to a variety of hazards and risks foreseen and unforeseen related to COVID-19 and that I may expose those within my household or with whom I interact to the same. I agree to participate in the Activity and/or enter the Premises fully knowing and understanding these hazards and risks. I further agree to comply with all COVID-19 health and safety protocols applicable to the Activity and as directed by CAMP OPERATOR.

I, ON BEHALF OF MYSELF AND MY PERSONAL REPRESENTATIVES, HEIRS, SPOUSE, GUARDIANS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, ASSIGNS AND NEXT OF KIN HEREBY RELEASE, DISCHARGE, HOLD HARMLESS AND AGREE NOT TO SUE CAMP OPERATOR OR USC AND THE ADDITIONAL RELEASED PARTIES NOTED ABOVE WITH RESPECT TO ANY CLAIM, LIABILITY OR DEMAND OF WHATEVER KIND OR NATURE, EITHER IN LAW OR IN EQUITY (INCLUDING, WITHOUT LIMITATION, FOR PERSONAL INJURIES OR WRONGFUL DEATH) THAT MAY ARISE IN CONNECTION WITH, OR RELATE IN ANY WAY TO COVID-19, WHETHER ACQUIRED ON THE PREMISES OR IN CONNECTION WITH THE ACTIVITY, AND WHETHER OCCURRING NOW OR IN THE FUTURE INCLUDING, WITHOUT LIMITATION, THOSE CLAIMS THAT ARISE AS A RESULT OF: (I) THE NEGLIGENCE OF ANY OF THE RELEASED PARTIES, AND/OR (II) THE INHERENT RISKS ASSOCIATED WITH BEING PRESENT ON THE PREMISES.

By signing this agreement, I, both now and in the future, understand and expressly assume the risk that as a result of my presence on the Premises and/or participation in the Activity, I may be exposed to a variety of hazards and risks foreseen and unforeseen related to COVID-19 or that I may expose those within my household or with whom I interact to the same. I understand that these risks include, but are not limited to potential exposure to persons or objects with COVID-19 and illness, quarantine requirements, injuries, physical and/or mental impairment, death, or disability as a result of COVID-19 ("Injuries & Damages") and that these Injuries and Damages can occur by activities, actions or inactions of other persons, or other third parties, either as a result of negligence or because of other reasons. By signing below, I am expressly acknowledging and accepting the risks of COVID-19 associated with being on the Premises and/or participating in the Activity. I understand, acknowledge, and accept the risks of COVID-19, and none of the Released Parties has tried to conceal, contradict or minimize my understanding of these risks. I further acknowledge and agree that the Released Parties shall not be responsible for, and I hereby expressly release them from, any claims for negligence or otherwise with respect to, the selection of any third party vendor used on the Premises and/or in connection with the Activity, as well as the actions or inactions of any such vendor, relating in any way to COVID-19. I hereby waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to myself or my property or for my death, however caused, arising out of the Activity or my presence on the Premises. I further agree that I, my spouse, parents, assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of CAMP OPERATOR or USC for any loss or damage resulting from the Activity or my presence on the Premises. I am aware of the potential dangers incidental to the Activity, that this is a release of liability, a waiver of my legal right to collect damages in the event of injury, death or property damage, and I sign it of my own free will.



TROJAN LEARN TO DIVE EXHIBIT "B"



I am familiar with and do hereby waive the provisions of Section 1542 of the California Civil Code (and similar provisions of other jurisdictions) which provides as follows:

“A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.”

This Assumption of Risk and Release of Liability Form (this “Agreement”) is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable. This Agreement contains the complete and exclusive statement of the parties’ agreement as to matters set forth herein and replaces and supersedes all of their prior written or oral, express or implied, agreements, understandings, communications or statements about those matters. This Agreement shall be construed and enforced in accordance with the laws of the State of California applicable to agreements of this nature, or where pre-empted, by the appropriate body of federal law, and I hereby consent to the jurisdiction of said State. Although I, for myself, and on behalf of my personal representatives, heirs, spouse, guardians, legal representatives, executors, administrators, successors and assigns and next of kin acknowledge and agree that I and they have waived all rights to bring certain claim(s) against the Released Parties, I acknowledge and agree that any claim that I or they might nonetheless bring, and/or any and all other controversies, claims or disputes arising out of or related to this Agreement or the interpretation, performance or breach thereof, shall be brought only before the courts in the State of California.

I have been given ample opportunity to read this entire Agreement, and I freely and voluntarily assume all risks noted herein, and notwithstanding such risks, I desire and agree to be present on the Premises, both now and in the future, and my continued and future presence on the Premises shall serve as my continued agreement hereto. I declare under penalty of perjury that all statements made by me in this Agreement are true and I willingly sign this Acknowledgment and Express Assumption of Risk and Release of Liability.

Printed Name of Attendee

Signature of Attendee

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent or Guardian

Address

Telephone Number