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 2 – Aug 8.

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 2 – Aug 8 |
| Schedule:      | 9:00 AM – 2:30 PM • Monday – Friday |
| (See www.miamidiving.com for detailed schedule) |
| Cost:          | $230 per session + $30 One time reg fee |
| ($30 off Reg Fee for second siblings only) |
| Before care:   | 8:00 AM – 9:00 AM • $25 |
| Aftercare:     | 2:30 PM – 5:00 PM • $25 |
| (No before or after care for the last two weeks of camp.) |
| Before & Aftercare: | $50 |

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

**SUMMER LESSONS:**

| When:          | June 2 – Aug 8 |
| Schedule:      | 4:00 PM – 5:00 PM • 5:00 PM – 6:00 PM • Monday – Friday |
| Cost:          | $90 (5 lessons) + One-time $30 Registration Fee |
| Directed by:   | Dario Di Fazio |

**FOR DETAILS AND REGISTRATION:**

You can visit our website at [www.miamidiving.com](http://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.

MIAMI DIVING

SUMMER DIVING CAMP & SUMMER LESSONS

AT THE UNIVERSITY OF MIAMI

Miami Diving • Dario Di Fazio • PO. Box 248313, Miami, FL 33124 • Tel. 305-284-3639 • Fax. 305-284-3645
E-mail: miamidiving@bellsouth.net • www.miamidiving.com
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”?   Y es   No
Address:_____________________________________________________   City:__________________   State:_____   Zip: ___________
Home Telephone: _______________________________________    Business Telephone:_______________________________________
Mobile: _______________________________________    E-mail:________________________________________________________

Does your child suffer of any condition we should be aware of?  Y es   No
If yes explain: _____________________________________________________________________________________________________

In case of emergency:  Contact Name:________________________________________     Telephone:_______________________________

# Of week camp______ x  $230.00 = $________________
Camp Registration  $  30.00 = $________________
# Of week lessons ____ x  $  90.00 = $________________
Lessons Registration  $  30.00 = $________________
Total         $________________

RELEASE: In consideration of being allowed to participate in anyway 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.
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.

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.
   • 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, 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 persist, 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, University Of Miami, coaches, staff, Hurricane Aquatics, and officials assume no responsibility of my child(ren) if he/she/they are picked up at such location.

Initial ______