



West Austin Athletic Club Dive 2010 Fall Semester

This fall Coach Kathy Fox will have weekday classes which meet Tuesdays and Thursdays. Classes are designed to teach basic dives, and introduce participants to the sport of diving. No diving experience is necessary to join these classes, however

participants must be comfortable in deep water and able to swim across the dive pool independently.



Tuesday & Thursday Classes Aug. 31 - Oct. 28 (18 classes)

Schedule may change based on number of divers and season will be extended if there is sufficient interest!

4:30-5 8 & Younger \$125 WAAC member/\$165 non-member

5-6 8 & Older \$150 WAAC member/\$195 non-member

All classes and clinics must have a minimum of 5 divers or they may be combined with another class



Contact Coach Kathy for more information at kdufox@austin.rr.com !

Player's Name _____ Birthdate _____

Parents' Names _____ Email _____

Address _____ Zip _____

Phone numbers _____

Circle desired session and/or clinic dates and attach payment

Payment: Member charge Check/Cash Credit Card (use Google checkout at www.wfly.com)

My Family would like a WAAC family membership for \$425/quarter or \$960/year. I have submitted the WAAC membership application.

Medical Information & Parental Consent:

I, the minor's parent and/or legal guardian, understand the nature of fitness activities at West Austin Athletic Club, and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO IDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees (West Austin Athletic Club, their administrators, directors, agents, owners, members, volunteers, and employees) from all liability, claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise including negligent rescue operations, and further agree that if, despite this release, I, the minor's parent and/or legal guardian, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cause any may incur as the result of any such claim. I give West Austin Athletic Club and its Releasees permission to perform medical treatment for the minor child as needed. Included below or on an attached sheet is information about my child's medical history and emergency contacts.

Parent's Signature & Date: _____

Doctor to call in emergency: _____

Please list on another sheet any medical information that the staff should know including allergies, medications, disorders, seizures, asthma, **anything** you think is important to help your child be successful at WAAC activities.