

# Mark Ruiz Diving LLC Camp Enrollment Application



As a private organization, Mark Ruiz Diving, LLC, reserves the right to accept or reject any application for any reason. Please print clearly and complete a separate application for each applicant Diver. Please sign agreements and submit forms and payment to:

**Mark Ruiz Diving Camp**  
**Attn: Mark Ruiz**  
**8422 International Drive, Orlando FL 32819**  
**Contact Mark Ruiz: 407-363-1911 mark@ycfdiving.com**

## 1. Overview of the Mark Ruiz Diving Camp — [www.floridadivingcamps.com](http://www.floridadivingcamps.com)

**Camp Director:** Mark Ruiz  
**Dive Coaches:** Mark Ruiz & Yusmandy Gamboa  
**Camp Capacity:** 35 divers  
 Held under sanction of United States Diving, Inc., Florida LDA, 405 Beverly Blvd., Brandon, FL 33511.  
**Enrollment Minimum Requirements:** 2017 USA Diving athlete member, at least 7 yrs old, with diving experience.  
**Date & Times:** June 27-30, 2017; 10:00 am to 3:00 pm

**Location:** YMCA Aquatic & Family Center  
 8422 International Drive, Orlando FL 32819  
 407-363-1911 — [www.ymcaaquaticcenter.com](http://www.ymcaaquaticcenter.com)  
**Accommodations:** Radisson Hotel Orlando (adjacent to the YMCA)  
 8444 International Drive, Orlando FL 32819  
 800-395-7046 — [www.radisson-orlando.com](http://www.radisson-orlando.com)

## 2. Diver & Family Information

### Diver:

\_\_\_\_\_  
 LAST NAME, FIRST & INITIAL

\_\_\_\_\_  
 STREET, CITY, STATE & ZIP

\_\_\_\_\_  
 EMAIL:

\_\_\_\_\_  
 PHONE: DAYTIME, NIGHT, CELL

Gender:  Male  Female

USA Diving Athlete Membership: \_\_\_\_\_  
 NUMBER

\_\_\_\_\_  
 DIVE CLUB/TEAM NAME

Adult T-shirt size:  Sm  Med  Lg

If you know now, tell us what specific diving goals you would like to accomplish at camp:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Parent or Guardian:

\_\_\_\_\_  
 LAST NAME, FIRST & INITIAL

Home address:  Same as diver

\_\_\_\_\_  
 STREET, CITY, STATE & ZIP

\_\_\_\_\_  
 PHONE: DAYTIME, NIGHT, CELL

\_\_\_\_\_  
 EMAIL:

Relationship to diver: \_\_\_\_\_

Will an adult accompany diver to Orlando?  Yes  No

If yes and the adult is not you, please complete:

\_\_\_\_\_  
 LAST NAME, FIRST & INITIAL

Home address:  Same as diver

\_\_\_\_\_  
 STREET, CITY, STATE & ZIP

\_\_\_\_\_  
 PHONE: DAYTIME, NIGHT, CELL

\_\_\_\_\_  
 EMAIL:

Relationship to diver: \_\_\_\_\_

## Mark Ruiz Diving LLC Camp Enrollment Application (continued)

### 3. Payment of Camp Fees

This Enrollment Application will not be considered until the camp fee is paid, so enclose payment or pay online with any credit card by visiting [www.markruizdiving.com](http://www.markruizdiving.com) and using the "Pay Pal" Internet link button in the "Enrollment, Fees & Payment" section (or visit [PayPal.com](http://PayPal.com) and pay to [markdive23@aol.com](mailto:markdive23@aol.com)).

The 5-day Camp Fee of \$395.00 per diver includes 5 lunches and 5 YMCA day-passes.

1	<b>Camp Fee</b>	<b>\$395.00</b>
	<b>ENROLLMENT TOTAL</b>	

Check  Money Order payment enclosed or online  PayPal.com payment: \_\_\_\_\_  
DATE OF PAY PAL TRANSACTION

### 4. Assumption of Risk, Waiver of Liability, Release & Indemnity Agreement

In consideration of being allowed to participate in the Mark Ruiz Diving Camp ( the "Camp") conducted by Mark Ruiz and other coaches (collectively the "Releasees"), the undersigned prospective Diver ("Diver") agrees to assume all risks incidental to such participation including without limitation, injury or loss to person or property.

Diver and Diver's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to diving, and understand that diving involves risks to Diver's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the Diver or the negligence of others, including the Releasees. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Diver and Diver's parent(s)/guardian(s) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of Diver and/or others, are included within the waiver, release and relinquishment described in the following paragraph.

Each of the undersigned hereby agrees to release and forever discharge each of the Releasees from any and all liabilities, claims, actions, damages, costs or expenses of an nature whatsoever, whether in law or equity, known or unknown, that any of the undersigned ever had, now has or hereafter can, shall or may have against any of the Releasees arising out of or in any way related, directly or indirectly, to Diver's participation in the Camp.

Each of the undersigned parent(s) or guardian(s) of Diver hereby agrees to indemnify and hold harmless each of the Releasees from and against any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, incurred by any of the Releasees and arising out of or in any way related, directly or indirectly, to Diver's participation in the Camp.

Diver and Diver's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of Releasees, that they are fully advised of the potential dangers of diving.

#### Assumption of Risk, Waiver of Liability, Release & Indemnity Signatures of Agreement:

_____ DIVER SIGNATURE	_____ PARENT OR GUARDIAN SIGNATURE	_____ PARENT OR GUARDIAN SIGNATURE
_____ NAME (PRINTED)	_____ NAME (PRINTED)	_____ NAME (PRINTED)
Date: _____	Date: _____	Date: _____

**Note:** Both parents or guardians must sign in order for Diver to participate in the Camp.

# Mark Ruiz Diving LLC Emergency Medical Consent Form

Please include when submitting Enrollment Application



\_\_\_\_\_ **Height:** \_\_\_\_\_  
 PARTICIPANT'S NAME (Please print clearly)  
 \_\_\_\_\_ **Weight:** \_\_\_\_\_  
 STREET ADDRESS  
 \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
 CITY, STATE & ZIP  
 \_\_\_\_\_  
 PHONE: HOME/CELL PARENT/GUARDIAN NAME (Please print clearly)  
**Gender:**  Male  Female

### Physical Disabilities

Please specify missing or injured body parts, weakness, eyeglasses, contacts, hearing aids, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_  
 Current Medications, if any:

Is there any additional information concerning you or your child that the club should be made aware of?

### Chronic Ailments

Check those that apply. Provide necessary details on separate sheet.

- Asthma or other respiratory problems
- Circulatory or heart problems
- Diabetes or Hypoglycemia
- Hemophilia or other bleeding problems
- Epilepsy

Physician who conducted most recent physical exam:

DOCTOR'S NAME

DOCTOR'S PHONE

### Allergies

Check any that apply.

- Insect Bites
- Foods
- Bee Stings
- Other, if significant: \_\_\_\_\_

HEALTH INSURANCE CARRIER

INSURANCE ID NUMBER

## Consent

In the event of accident or injury to myself or my child (named above as the "Participant") while participating in any activity sponsored by or under the auspices of the Mark Ruiz Diving Camp under circumstances where I am physically unable to consent or am not present:

1. I/We hereby voluntarily consent to the furnishing myself or my child of such medical care, attention and treatment by any hospital, physician or physicians as such hospital, physician or physicians may deem necessary or advisable.
2. I/We authorize any officer or member of the Mark Ruiz Diving Camp to consent to such medical care, attention or treatment.
3. I/We agree to pay the reasonable cost of such medical care, attention or treatment and to indemnify and hold free and harmless of and from any and all liability for such cost the Mark Ruiz Diving, LLC and its officers and members thereof.

I/We, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. In the event of any emergency, I/we can be reached as follows:

_____ MOTHER/GUARDIAN NAME	_____ FATHER/GUARDIAN NAME	If I/we cannot be reached, you are authorized to contact: _____ NAME _____ PHONE
_____ HOME PHONE	_____ HOME PHONE	
_____ OFFICE, CELL, PAGER	_____ OFFICE, CELL, PAGER	

### Signatures:

_____ PARTICIPANT (DIVER) SIGNATURE Date: _____	_____ PARENT/GUARDIAN SIGNATURE Date: _____	_____ PARENT/GUARDIAN SIGNATURE Date: _____
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**Note:** Both parents or guardians must sign in order for a minor Diver to participate in the Camp.