



ABC_Diving@comcast.net – email

ABCDivingmn.com - website

U N I T E D S T A T E S D I V I N G
S U M M E R S E S S I O N 2 0 2 4
June 10, 2024 - July 25, 2024

COACHING STAFF:

LEE RAIHLE

7990 SPRING LAKE ROAD NE
SPRING LAKE PARK, MN. 55432

(612) 991-9240

BETH MANSON

(763) 218-1784

MITCH RAIHLE

(763) 218-1494

PARKER BROWN

ABC DIVING CLUB is open to divers from any community and provides a team approach to diving. Coaches are registered through United States Diving and have taken and passed the Safety Certification Course conducted by United States Diving.

ABC DIVING CLUB offers dryland training as well as pool instruction. Our dryland equipment has spotting rigs over both the trampoline and the dryland board with foam pit mat. Somersault and twisting belts are used for the safety of the divers.

COSTS:

Please see the following page for the different types of practice packages we are offering.

Package A - \$650	Monday	Tuesday	Wednesday	Thursday
Pool	6:00-7:30 pm	5:00-7:00 pm	4:30-6:00pm	5:00-7:00 pm
Dryland	4:30-5:30 pm		6:30-7:30 pm	
Package B - \$375	Monday	Tuesday	Wednesday	Thursday
Pool	4:30-6:00 pm		6:00-7:30 pm	
Dryland	6:30-7:30 pm		4:30-5:30 pm	
Package C - \$375	Monday	Tuesday	Wednesday	Thursday
Dryland	4:30-5:30 pm		6:30-7:30 pm	
Pool	6:00-7:30 pm		4:30-6:00 pm	
Package D - \$325	Monday	Tuesday	Wednesday	Thursday
Pool Only		5:00-7:00 pm		5:00-7:00 pm

Pool drop in / one time per day cost is \$20.00 for Monday or Wednesday, \$25.00 for Tuesday or Thursday. Dryland and pool drop in one time per day cost is \$25.00

Costs do not include registering the diver for **United States Diving (\$203.00) Competition / (\$43.00) Practice**

DRYLAND PRACTICE WILL BE HELD AT 7990 SPRING LAKE RD. NE, SPRING LAKE PARK

*** Note:*** If it rains after 1:00 PM there will be no dryland practice

The down payment is \$100.00 and is non-refundable. This can be paid by check, cash or venmo (@abcdiving). The balance is due the first day of practice. The coaching fees include pool rental and club equipment. This does not include coaching fee for meets, travel and meet expenses.

SPACE: The club will be limited to the first twenty four divers with their down payment and medical release form turned into the diving club.

Expenses not included are registering the diver for **United States Diving for 2024 (\$203.00) Competitive / (\$43.00) Athlete**, travel expenses, lodging and meals. All other transportation, meals, and supervision at meets are the individuals parents responsibility. The coaches will be willing to help with such arrangements when possible.

The United States Diving registration is done online at <https://www.teamusa.org/usa-diving/membership>. Click on the membership link. You will find ABC Diving Club which will take you to the SportsEngine Website.

The ABC Insurance information form and USD registration, **MUST** be completed before you will be allowed to participate in any practice activities.

If you need any further information or if you have any questions please call me at (612) 991-9240.

ABC DIVING CLUB

REGISTRATION, MEDICAL RELEASE AND CONSENT TO TREATMENT FORM - 2024

Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent(s)/ Guardian(s) Names: _____

Work/Cell Phones: (M) _____ (F) _____ (Other) _____

In case of emergency and there is no response at the above numbers call:

Name: _____ Phone: _____ Relationship: _____

Insurance company: _____ Date of last tetanus shot: _____

Group Number: _____ Policy Number: _____

Please describe any medical conditions that may affect your child (i.e. - allergies, current medications and / or conditions, current / past injuries that may affect the diver, etc.)

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

I do hereby allow my child, _____ to participate in the activities of **ABC DIVING CLUB**. In the event my child is injured or ill and requires medical care in my absence, I do hereby authorize **ABC DIVING CLUB** personnel, specifically Lee Raihle, other coaching staff, or persons designated by them to obtain all medical care for the above child and consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of a licensed physician and/or surgeon under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospitalization care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, deems 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.

It is further understood that I/We the undersigned are responsible for all charges for the above mentioned diagnosis, treatment, or hospital care.

This medical authorization is in force for one full year from the date indicated below.

Furthermore, in consideration of this registration, I, intending to be legally bound, hereby for myself, my heirs, executors, and administrator, do release and hold harmless for any and all rights, and claims for damages I may have against **ABC DIVING CLUB**, it's coaches, employees, officers or its representatives arising from my child's association with or entry in this program and which may arise of my child's traveling to, participation in, or returning from the program and its associated activities.

I CERTIFY THAT THE ABOVE NAMED DIVER IS MEDICALLY AND PHYSICALLY ABLE TO PARTICIPATE IN THE **ABC DIVING CLUB** PROGRAM. I ACCEPT THE RESPONSIBILITY TO INFORM **ABC DIVING** OF ANY FUTURE CHANGE(S) OF THE ABOVE INFORMATION.

Athlete Signature: _____ Date: _____

Parent / Guardian: _____ Date: _____

Parent / Guardian: _____ Date: _____