

OCEAN GEAR DIVE CENTER

AUTHORIZATION TO PARTICIPATE & TREAT

Student Name _____ School _____ Per. _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____
E-Mail _____ Birthdate _____ Ht. _____ Wt. _____

The above named student has **voluntarily** chosen to participate in a special Physical Education program offered through the High School. This is an approved program overseen by the P.E. Department.

This course lasts approximately three weeks. At the conclusion of the course a grade is issued based upon the student's attendance, participation and their score on a written test. This grade will account for between 30% - 50% of their Physical Education grade for the current grading period.

The student will have to download a variety of handouts over the length of this course which include a list of **Frequently Asked Questions (FAQ's)** explaining how our program works, a series of study guides, a summary of our certification fees and services, a beach diving information sheet, a medical information sheet, a waiver and release form combined with an assumption of risk form. All forms requiring signatures will be required the first day of class. No pool activities can begin without the forms. The rest of the study guides should be kept together as they will be a valuable resource during their SCUBA training.

By signing this Authorization form, you are acknowledging that you have read this form as well as the FAQ's, which will be separate from this form. Please do not sign this form until you have read the FAQ's. **You further are granting to Ocean Gear, its' agents, officers and representatives the authority to seek any medical treatment necessary in the event of an emergency.** If there are any limitations to this authorization you must indicate this on the bottom of this form.

While this form is due in to the instructor immediately, you are not required to make any decision concerning whether or not the student participates in any certification process or ocean dives. **Except for a \$20 "materials & lab" fee** paid the first day of class **NO OTHER MONEY IS DUE, NOR IS IT REQUIRED** to remain in our high school class. A **PARENT MEETING** is being set up for the first week of the class. This meeting, along with the FAQ's will help explain all the options and benefits of our SCUBA program. Parents and students are strongly encouraged to attend. A complete overview of the course will be given, including fees paid (if any), beach information, options and opportunities. (Checks for lab fees should be made payable to Ocean Gear)

Remember that the student's desire to participate is voluntary and genuine. All required work is conducted in the pool and classroom only. Participation in certification is also voluntary and independent of the high school program. The High School has absolutely no involvement or connection to our program of SCUBA certification. You will have ample time to contact our office (714-375-0595) and/or attend the meeting at school. Your participation is invited and encouraged. We hope to meet you soon.

Parent Meeting: _____

By signing below you are giving permission for your son/daughter to attend our class and authorizing our staff to seek any necessary medical treatment in the unlikely event of an emergency. You are also acknowledging receipt of the FAQ's referred to above. You finally acknowledge, that as an aid to instruction, Ocean Gear will, from time to time be taking Photographs of our students and activities. You are granting Ocean Gear permission to use and reproduce these photos for a variety of instructional and promotional purposes. Your signature is required so that the student may participate in our High School Program.

Parent Signature: _____ **Date:** _____

Please Print: (Mom's) _____ **(Dad's)** _____

Limitations on Treatment: _____