



Registration

Diver's Name _____

Address _____

City, State, Zip _____

Sex Male Female

Parents/Guardians

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail _____

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail _____

Does your child have any physical limitations that coaches need to be aware of while your child is training? Yes No **If Yes, please provide details**

Signature of Parent/Guardian

Date
