

# Fishers Diving Team Registration

PRACTICE GROUP \_\_\_\_\_

DATE OF REGISTRATION \_\_\_\_\_

MONTHLY TRAINING FEE \$ \_\_\_\_\_

REGISTRATION FEE \$ \_\_\_\_\_

DIVER'S FULL NAME \_\_\_\_\_  
LAST FIRST MIDDLE

DIVER'S PREFERRED FIRST NAME or NICKNAME \_\_\_\_\_

AGE \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

GENDER: M / F

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DIVER'S CELL PHONE \_\_\_\_\_ (optional)

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

DIVER'S EMAIL ADDRESS \_\_\_\_\_ (optional)

DIVER'S CELL PHONE NUMBER \_\_\_\_\_ (optional)

DO YOU HAVE HEALTH INSURANCE? YES NO

PARENT/ GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT/ GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

OCCUPATION \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

WHO TO CONTACT IN CASE OF AN EMERGENCY (if case parent/guardian cannot be reached)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

OTHER EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

**MEDICAL INFORMATION**

DOCTOR/ PEDIATRICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS ATHLETE TAKES \_\_\_\_\_

ANY SPECIAL RESTRICTIONS \_\_\_\_\_

MEDICAL OR EMOTIONAL CONCERNS THAT THE COACHES SHOULD BE AWARE OF? \_\_\_\_\_

\_\_\_\_\_

DOES DIVER WEAR CONTACTS OR GLASSES? \_\_\_\_\_

ANY OTHER INFORMATION YOU FEEL WOULD BE BENEFICIAL FOR THE COACHES TO KNOW ABOUT YOUR CHILD?

\_\_\_\_\_

**MEDICAL AUTHORIZATION**

I do hereby give consent for my child(ren) to participate with FISHERS DIVING; Fishers Diving Team, Inc. In consideration of being permitted to participate as a member of FISHERS DIVING, I hereby release, discharge and agree to hold harmless FISHERS DIVING and its coaches, members of the Board of Directors, its volunteers, its agents and its employees, together with its successors and assigns, from any and all liability for injuries to property or person suffered as a result of participation as a member of FISHERS DIVING. I give the club authorization to apply for AAU and/ or USA Diving memberships for my child(ren).

As parent or legal guardian of the below named athlete, my signature below authorizes the coaches of FISHERS DIVING to consent to any examinations, anesthetic, X-ray, medical or surgical diagnosis or treatment and/or hospital care, or to take whatever action they consider to be in the best interest of my child(ren), to be rendered to the athlete under their general or special supervision and on advice of any physician or surgeon licensed to practice when efforts to contact us are unsuccessful.

I further agree to accept financial responsibility for all such care and treatment given to our child, the below named athlete, and to hold harmless such parties named for any such decisions and administration of such decisions and subsequent actions/ care.

ATHLETES NAME \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TRANSPORTATION WAIVER**

I agree that it is the divers', their parents/guardians', or designated representatives' responsibility to provide transportation to, from and during any program of FISHERS DIVING and that any transportation provided by representatives of FISHERS DIVING is not being provided on behalf of FISHERS DIVING and is strictly voluntary on the part of the person providing that transportation.

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_