

Whitesburg Recreation Association Dive Team Registration Form



Swimmer(s) Information:

Last Name	First Name	MI	DOB	Age	M/F	* T-shirt size

Parent Information:

Parents: _____

Address: _____
Street City Zip

Contact Phone: _____ E-Mail: _____

Contact Phone: _____ E-Mail: _____

Medical Release:

Please list any medical issue or allergies that your child may have and needed treatment:

I give permission for my child to be treated in an emergency in the event I cannot be reached.

Signature _____ Date _____

Emergency Number:

Name: _____ Phone: _____

Doctor's name: _____ Phone: _____

Office Use Only:

Fees: **1 Diver:** \$70 / **2 Divers:** \$100 / **3+ Divers:** \$125

Make checks payable:

Whitesburg Recreational Association

Dive Only Membership (non-pool member): Due \$50.00

Divers _____ Due _____

*T-Shirt(s): (\$ _____ each) Due _____

Other _____ Due _____

* T-shirt not included in dive fee.

Amount paid: _____

Check #: _____ Cash: _____