

Whitesburg Recreation Association Dive Team Registration Form



Diver(s) Information:

| Last Name | First Name | MI | DOB | Age | M/F |
|-----------|------------|----|-----|-----|-----|
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Parent Information:

Parents: _____

Address: _____

Street City State Zip
Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Cell Phone: _____ E-Mail Address: _____

Medical Release:

Please list any medical problem or allergies that your child(ren) may have:

How do we need to treat the problem: _____

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

Signature _____

Date _____

Emergency Numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor's name: _____ Phone: _____

Fees: **1 Diver:** \$61 / **2 Divers:** \$92 / **3+ Divers:** \$112

Make checks payable:

Whitesburg Recreational Association

Divers: _____ Due _____

T-Shirt: (\$10 ea.) _____ Due _____

Trophies: (\$10 ea.) _____ Due _____

Total Due: _____

Amount paid: _____ Check #: _____