

Dive Team Registration Form: Summer 2019

Diver's Name: _____

Female Male

Date of Birth: _____ Age as of May 31, 2019: _____

Parent(s): _____

Home Address: _____

Main Contact Phone #: _____

Alternate Contact Phone #: _____

E-Mail: _____ AAU#: _____

Emergency (Name and #): _____

Doctor's Name: _____ Phone #: _____

Insurer: _____ Policy #: _____

Allergies/Health Concerns: _____

Opt-Out for Student Photographs, Video, and/or Sound Recording

A parent may withhold permission to have a student photographed, videotaped, and/or audiotaped during Dive Team practices or meets. As the parent/guardian of the diver or divers listed below, I understand that if I opt out, my child will not be included in pictures taken by the Dive Team photographer(s) nor be part of the Team photo, end-of-year Dive Team video retrospective, or any mementoes produced by the Dive team.

Please **DO NOT** allow my child/ren (listed below) to be photographed, videotaped, or audiotaped during any Dive Team practices or meets.

My child/children:

Parent Signature: _____

Date: _____