



2010 Diving Registration Form

Family Information

(The below information will also be used for Billing and Contact Information)

Family Last Name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip Code + 4 _____ - _____
Home Phone: (____) _____	Billing E-mail: _____
Primary Contact Parent/Guardian: _____	Secondary Contact Parent/Guardian: _____
Parent/Guardian Work # (____) _____	Parent/Guardian Work # (____) _____
Parent/Guardian Cell # (____) _____	Parent/Guardian Cell # (____) _____
<p>I understand my obligation to Daytona Beach diving and agree to the following.</p> <p>1) To pay my monthly fees by the 15th of each month and agree to all late fees and penalties if paid after this date.</p> <p>2) To give written notification to the billing department, prior to the next billing cycle, to become inactive with the club. If this is not completed, I am aware that I am fully liable for the full monthly fee even if inactive. In addition, I also agree to pay the reactivation fee if inactive for a period of less than 150 days.</p> <p>3) To fulfill the Service Hours Requirement or pay the Hours Requirement Fee.</p>	
(Signature) _____ Date: _____	

Diver Information

Diver 1			
Name: _____	Date of Birth: _____		
Last	First	Middle Initial	month\date\year
Preferred Name: _____	Sex: M- F <input type="checkbox"/>	USA Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dual Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pool: Daytona State College			
Group: <input type="checkbox"/> Beginner <input type="checkbox"/> Advanced <input type="checkbox"/> Open <input type="checkbox"/> Master OPEN ONLY (please circle)			
Training Start Date: _____	(Please put the date your Diver started training)		
If your Diver was previously registered with another USA Dive team please fillout the form below.			
Team: _____	LSC: _____	Last date of Competition: _____	

Other Diving Affiliations (High School, Summer League) _____	Physical Disability: _____
Ethnicity: _____	Cognitive Disability: _____

Diver Information 2

Diver 2

Daytona State College

Beginner

Advanced

Open

Master

OPEN ONLY (please circle)

Diver started training

If your Diver was previously registered with another USA Dive team please fillout the form below.

Other Diving Affiliations

Diver Information 3

Diver 3

Daytona State College

Beginner

Advanced

Open

Master

OPEN ONLY (please circle)

Diver started training

If your Diver was previously registered with another USA Dive team please fillout the form below.

Other Diving Affiliations

**This form, USA Diving Registration, Medical Release and fees
are to be brought to the diving coach at Daytona State College**



Daytona State College

Beginner _____ Advanced _____ Open _____ Masters _____

**THE MEDICAL RELEASE FORM IS TO BE FILLED OUT
AND TURNED IN TO YOUR DIVER'S COACH**