

WINDY CITY DIVING TEAM, INC.
Diver Registration

Diver's name: _____ Birth Date: _____

Full Legal Name: _____ email: _____

Home Telephone: _____ Mobile #: _____ Fax #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of School: _____ Grade: _____

Previous Club: _____ Previous Coach: _____

Diver's Height: _____ Diver's Weight: _____ Diver's Sex: _____ (M or F)

In Case of Emergency:

Father's Name: _____ Work Phone: _____

Father's Employer: _____ Mobile or other Phone: _____

Mother's Name: _____ Work Phone: _____

Mother's Employer: _____ Mobile or other Phone: _____

Medical History: _____

Medical Insurance: _____ Policy or Group number: _____

Doctor: _____ Phone Number: _____

FOR OFFICE USE ONLY

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Date Registration Received _____ Membership Dues Received _____

Waiver Form Signed _____ Rules Received: _____

Membership Agreement Signed: _____

USD # _____ AAU # _____

Notes: _____
