2009 Flower Valley Dive Team Registration

Please fill in the information below and bring along to the sign up evenings at FV Elementary School or, return the completed form along with a check payable to: **Flower Valley Dive Team.**

Mail to: **Jane Isaac 4521 Valley Forge Drive Rockville, MD 20853**

2009 Dive Team Reps: Jane Isaac 301-570 8827; the_isaacs@comcast.net

AND Donna Snyder 301-929 9075; snyder4613@verizon.net

Family Name: _____ Home Phone #_____
Father's Name: _____ Work Phone # _____
Mother's Name: _____ Work Phone # _____
Address:_____
E-Mail Address:

Diver's Name	Boy/ Girl	Date of Birth	Age as of 6/01/09	Family Fee	Diver Fee	Total Fees
1.				**$70* ($35)**	**$ 30**	
2.				**$ 0**	**$ 30**	
3.				**$ 0**	**$ 30**	
4.				**$ 0**	**$ 30**	
					TOTAL	

***EARLY SIGN UP DISCOUNT OF $35 PER FAMILY**

A dive team member must be able to swim the width of the pool without touching pool bottom.

Emergency Contact/ Name 1	**Phone #:**
Address:	**Relationship:**
Emergency Contact/ Name 2	**Phone#**
Address:	**Relationship:**
Child's Physician :	**Phone #**

****Please indicate dates and times diver(s) <u>will not be available</u> for practices or meets (due to camps or vacations)_____**

Liability Waiver: As the parent (or Guardian) of the above mentioned minor(s), I grant permission for this minor to participate in any and all official activities of the Flower Valley Dive Team for the 2009 Summer Season. I assume all risks and hazards incidental to such participation, including transportation to and from such activities; and hereby release and waive any and all claims against the organizers, sponsors, supervisors, other participants and persons transporting this minor(s). In case of emergency, I give permission for my child to receive emergency medical treatment at the nearest hospital.

X_____ _____

Signature of Parent or Guardian **Date**

I give permission for the following to be listed on the Flower Valley Dive Team Website

My child's name ___yes _____ no

My child's picture _____ yes _____