



2011 Flower Valley Dive Team Registration

Please return the completed form along with a check payable to **Flower Valley Dive Team** to either one of the 2011 Dive Team Reps:

- Ann Horwich, 15205 Hannans Way, Rockville, 20853, 301-929-3125; annhorwich@yahoo.com
- Marian Moriarty, 15005 Rocking Spring Drive, Rockville, 20853; 301-871-3147; moriarty3147@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 6/01/11	Family Fee	Diver Fee	Total Fees
1.				\$70* (\$35)	\$ 30	
2.				\$ 0	\$ 30	
3.				\$ 0	\$ 30	
Snack Bar Fee (per family)				\$25	\$0	\$ 25
					TOTAL	

***EARLY SIGN UP DISCOUNT OF \$35 PER FAMILY – Sign-up by Thursday, May 12, 2011**

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 #

All dive team families must commit to assisting with a minimum of four (4) dive meets and team activities, as a condition of team membership.

****Please indicate dates and times diver(s) will not be available 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 2011 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

