

2010 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 2010 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 6/01/10	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 – Sign-up by Sunday, May 30, 2010**
 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) 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 2010 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*

_____ *no*