



2011 “Try And Dive” Registration

We are again offering a try and dive opportunity for families who would like to give diving a go but are not sure the sport is for them. This year Try and Dive will be offered as a two-week trial, from Tuesday, May 31 – Friday, June 10, to allow new divers to participate in several team practice sessions and spirit activities before making a full commitment for the 2011 season.

Try and Dive is for prospective divers who have not previously been members of FV Dive Team. Try and Dive fees are not refundable. However, if you choose to join the team after the Try and Dive period, the Try and Dive fee will be applied toward the full registration fee.

To sign up, return the completed form along with a check payable to **Flower Valley Dive Team** to either 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	Diver Fee
1.				\$ 20
2.				\$ 20
3.				\$ 20
TOTAL				

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:	Phone#
Child’s Physician :	Phone #

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