

South Metro Storm Diving Club Summer 2010 REGISTRATION FORM

New Member Current/Past Member

DIVERS'S NAME _____

(First)

(MI)

(Last)

BIRTH DATE _____

/ /

AGE _____

MALE _____

FEMALE _____

ADDRESS _____

PARENTS/GUARDIAN _____

PHONE: _____

E-Mail Address : _____

Cell Phone # _____

*****Email address is needed for club communications (billings, meet information, practice time changes, etc.)**

GROUP: **Advanced Group** **Intermediate Group** **Learn to Dive 1** **Learn to Dive 2**
Circle One: 300.00 175.00 45.00 45.00

\$\$ FEES CALCULATION \$\$

SEASON FEE

\$

_____ (see fees above)

FEES DUE:

\$

_____ (Storm accepts Visa, MC, Discover, check or \$\$\$)

You will need to register your diver to be a member of USA Diving. This provides our divers coaches and club with an insurance policy in case of an accident. Please visit this link and complete the registration: <https://webpoint.usadiving.org/wp/memberships/join.asp>

**** This section must be completed for the registration form to be accepted and the swimmer to begin the session ****

Yes No Include my family on the phone/address list that may be distributed to registered families each session.

Yes No My child's photo may be released to news agencies or published on the club website (www.mnstorm.org).

By signing this document, I give my child permission to participate in the South Metro Storm Diving Club practices and competitions. I also agree to all monetary and time commitments and understand the club's Code of Conduct and Volunteer Policy (see page 2).

SIGNATURE _____

(Parent or guardian if the diver is under 18 years of age)

Date _____

TREASURER'S USE ONLY

AMOUNT PAID \$ _____

USA Diving Certified: _____

CHECK # _____

Registration taken by: _____