

## Dive Team Registration Form: Summer 2018

Diver's Name: \_\_\_\_\_

Female \_\_\_ Male \_\_\_

Date of Birth: \_\_\_\_\_ Age as of May 31, 2018: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Main Contact Phone #: \_\_\_\_\_

Alternate Contact Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ AAU#: \_\_\_\_\_

Emergency (Name and #): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

## Opt-Out for Student Photographs, Video, and/or Sound Recording

A parent may withhold permission to have a student photographed, videotaped, and/or audiotaped during Dive Team practices or meets. As the parent/guardian of the diver or divers listed below, I understand that if I opt out, my child will not be included in pictures taken by the Dive Team photographer(s) nor be part of the Team photo, end-of-year Dive Team video retrospective, or any mementoes produced by the Dive team.

Please **DO NOT** allow my child/ren (listed below) to be photographed, videotaped, or audiotaped during any Dive Team practices or meets.

My child/children:

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_