

# Parkcrest 2010 Diver Registration

SEND REGISTRATION & FEES TO: Beth Piper, 602 Blue Ridge Parkway, Madison, WI 53705

Last Name: _____	First Name: _____	Middle Initial: _____
Birthdate: ____/____/____	Age as of June 1: _____	Did you dive on the team last year? (circle one): Yes No
Gender (circle one): Male Female	T-shirt Size? (circle one): Youth - S M L XL	Adult - S M L XL XXL

Last Name: _____	First Name: _____	Middle Initial: _____
Birthdate: ____/____/____	Age as of June 1: _____	Did you dive on the team last year? (circle one): Yes No
Gender (circle one): Male Female	T-shirt Size? (circle one): Youth - S M L XL	Adult - S M L XL XXL

Last Name: _____	First Name: _____	Middle Initial: _____
Birthdate: ____/____/____	Age as of June 1: _____	Did you dive on the team last year? (circle one): Yes No
Gender (circle one): Male Female	T-shirt Size? (circle one): Youth - S M L XL	Adult - S M L XL XXL

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## PARENT INFORMATION

Father's Name: \_\_\_\_\_

Father Phone #'s: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother Phone #'s: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Fees:</b> Swim AND Dive Teams - \$125 per athlete \$350 Maximum per family (Free T-shirt with paid registration by 5/31/10)
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I, the undersigned, hereby grant permission for my child (ren) to swim/dive under an assigned coach and by signing hereunder waive irrevocably all liability against said coach and the Parkcrest Swim Club for myself and my child (ren). I agree to provide medical/dental care for such child (ren) in case of injury and further agree that such coach may, without further permission, take whatever steps he or she deems necessary in case of injury, including obtaining medical or dental care.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date