

Learn To Dive Lesson

Registration Form

Diver's Name _____ Birth date _____

Parent or Legal Guardian (Printed Name):

Father: _____ Mother: _____

Street Address _____ City, State, Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address _____ School & Grade: _____

Sports/Hobbies:

Special needs that coaches need to be aware of: _____

Goals for the lesson:: _____

Reminder:

The payment must be made by the first lesson and accompany this registration from. Please make a check payable to Arrow Dive.

There will be no make up for missing workouts due to but not limited to illness, injuries, and any family obligations.

ATHLETE (Signature)

DATE

PARENT OR LEGAL GUARDIAN (Signature)

DATE