

**Westleigh Dive Team
2011 Registration Form**

Diver's name _____ DOB _____ M / F

Address _____

E-mail _____

Mother's name _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____ e-mail _____

Father's name _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____ e-mail _____

Registration fees (includes mandatory MCDL insurance fees of \$10.00):

\$60.00 for first diver

\$55.00 for each additional diver in the family

I, _____, hereby state that I am a willing participant in the MCDL Diving Program and will adhere to all rules and regulations regarding this program

Diver's signature Date

I hereby give my child _____ permission to participate in the MCDL Diving Program at Westleigh Pool.

Parent's signature Date

_____ Tableworker _____ Judge* _____ Set up/Clean-up

_____ Referee* _____ Announcer _____ Food Sales

Payment amount _____ Date received _____