



_____ (Last Name)

USA * 513.697.9509 (Phone) * 513.697.9609 (Fax)
www.divecincinnati.com (Web) * divecincinnati@cinci.rr.com (E-mail)

2017-2018 DIVER REGISTRATION FORM

(All information will be kept in strict confidence)

(By submitting this form, the below named people acknowledge that they have read and agree to abide by the Policies and Procedures as stated in the DIVE Cincinnati, Inc. Program Information)

Diver's First Name _____ Middle _____ Last Name _____

DIVER'S E-MAIL _____ Age _____ Date of Birth ___/___/___

Home Telephone # _____ Cell Phone # _____

Street Address _____

City _____ State _____ Zip Code _____

Name of School _____ Grade _____

Summer Swim Club _____ Summer Dive Coach _____

**** NOTE: DIVE Cincinnati will use e-mail as the main method of communication with divers and their parents. Billing, miscellaneous messages, makeups available, practice schedule changes or cancellations, etc. will be announced via daily or weekly e-mails. We can even send your session or monthly statement to you via e-mail. If you use a different e-mail address than that of your child, please list it below so we can be sure that you are receiving all of the correspondence that is sent. All invoices for fees will be sent to the parent or guardian's e-mail address.**

PARENT OR GUARDIAN #1 E-MAIL ADDRESS: _____

PARENT OR GUARDIAN #2 E-MAIL ADDRESS: _____

In Case of Emergency, please try to contact us at one of these numbers:

Guardian #1 _____ Guardian #2 _____

Work: _____ Cell: _____ Work: _____ Cell: _____

See Program Information on the DIVE Cincinnati Website (www.divecincinnati.com) for a list of available practice days and times. We will notify you if any practice hours do not fill more than half way as they will be consolidated into other days / times.

For what SESSION are you registering?	FALL	WINTER	SPRING	
For how many practice HOURS are you registering?	1x	2x	3x	4x

1 st Choice Day / Time	2 nd Choice Day / Time	3 rd Choice Day / Time	4 th Choice Day / Time