



COUGAR DIVING CLUB REGISTRATION FORM

PLEASE MAIL TO: 4616 Rockwood Dr. Houston, TX 77004 or Email to ilyinav@yahoo.com **PRIOR TO FIRST LESSON**

DATE: _____

LAST NAME: _____ FIRST NAME: _____

AAU Diving Number: _____ USA Diving Number (If applicable): _____

DATE OF BIRTH: _____ AGE: _____ PARENT'S EMAIL: _____

PARENTS FIRST NAME: _____

ADDRESS: _____

CITY / STATE: _____ ZIP: _____

PHONE: WK _____ HM: _____ CELL: _____

EMERGENCY CONTACT: NAME _____ PHONE: _____

INSURANCE CARRIER: _____ POLICY#: _____

Please describe any medical problems, medication, allergies or physical limitations you may have:

PLEASE CHECK THE BOX THE DIVER IS SIGNING UP FOR **START DATE:** _____

LESSONS GROUP – TUESDAY and THURSDAY

5 – 6PM 6:10 – 7:10PM

INTERMEDIATE GROUP – MONDAY THROUGH THURSDAY and SATURDAY

6 – 7:30PM

JUNIOR OLYMPIC – MONDAY THROUGH SATURDAY

4 – 6PM

FEES REQUIRED

- LESSON FEES - **CHECK PAYABLE TO: COUGAR DIVING CLUB**
- YEARLY REGISTRATION FEE - **\$50 CHECK PAYABLE TO: COUGAR DIVING CLUB** (FEE INCLUDES COUGAR DIVING T-SHIRT)
- AAU Diving Insurance – Please sign up online at www.cougardiving.com
- US DIVING REGISTRATION FEE – Sign up online at www.usadiving.org (JUNIOR OLYMPIC DIVERS ONLY)

I, the undersigned, understand that there are inherent dangers involved in the sport of diving, as well as in the use of related training devices such as the trampoline and dry land equipment, both of which are optional. I further understand that participation in this program may expose oneself to certain risks of injury. I freely and voluntarily assume any and all risks of injury, and hereby release the Cougar Diving Club and the University of Houston, the diving coaches, its regents, officers and employees from any and all claims or liabilities for injuries in any way arising from participation in the Cougar Diving Club's program.

Signature of participant: _____

If under 18, signature of parent / guardian: _____