

Release of Liability Form

Legacy Diving will do everything in their power to make sure that _____ (Diver's Name) is safe while at practice and meets. In any sport kids are at some risk of being injured.

(Print Parent/Guardian's Name) _____ understands that there are risks involved in diving. I/We agree not to hold the Legacy Diving coaching staff or Oakland University responsible for injuries that may occur

Parent/Guardian Signature

Date

Parent's E-mail Address

Legacy Diving **strongly** recommends that every diver have an annual physical and receive permission from a physician before participating in athletic activity.

Emergency Contact Information

Please fill in number(s) that you can be contacted at in case of an emergency.

Parent/Guardian's Name _____

Please circle which phone number is the best way to reach you:

Home _____

Office _____

Cell _____

E-mail Address _____

Please list alternate emergency contacts in case of an emergency:

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

LEGACY DIVING HIGH SCHOOL TEAM

Registration Form 2018-2019

Please fill out the form below, and return to Legacy Diving

Diver's Full Name	Birth Date	Age
Which CAMP session are you registering for?		<u>How many days per week?</u>
Print Parent's First and Last Names: *<u>Circle which parent will be the Legacy billing account manager!</u>		
Complete Mailing Address		
PRINT Parent's Email Addresses: *<u>Please circle the email that you would like us to use for billing invoices!</u>		
Home Phone	Cell Phone	Work Phone
Diver/Parent Signature	Date Registering	

Please return the registration form, liability form, concussion form, and a copy of your USD membership card to the address below.

Mail to:
Kari Albright
2347 Old Salem CT.
Auburn Hills, MI 48328