



CAL Diving Club ~ REGISTRATION FORM

Diver's Name _____

Diver's Address _____

City, State, Zip _____

Diver's Day of Birth _____ Date of Birth _____ Age ____ Male ____ Female ____

Diver's Phone (Home) _____ (Mobile) _____

Primary Email Address _____

Current School and Grade _____

Diver's AAU ** Reg# _____ Diver's USA Diving Reg# _____

Mother's Name _____

Work Phone _____ Mobile Phone _____ Employer _____

Primary Email Address _____

Address (if different) _____

City, State, Zip _____

Father's Name _____

Work Phone _____ Mobile Phone _____ Employer _____

Primary Email Address _____

Address (if different) _____

City, State, Zip _____

Emergency Contact-1 _____ Relation to Diver _____

Work Phone _____ Mobile Phone _____ Employer _____

Primary Email Address _____

Emergency Contact-2 _____ Relation to Diver _____

Work Phone _____ Mobile Phone _____ Employer _____

Primary Email Address _____

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My preference (circle):    2x/week    3x/week    4x/week    Weekdays    Weekends

My preferred days (Rank 1-7):    Mon    Tues    Wed    Thurs    Fri    Sat    Sun

Where 1=most and 7=least:    ☐    ☐    ☐    ☐    ☐    ☐    ☐

\*\*All divers must register with AAU before participating: <http://www.diveaaau.org/Membership/SignUp.aspx> - Choose Youth Program (\$14 - adult \$24) CAL Diving - Club Code: "WW6CBF" ~ send a copy of your membership to: [registrar@CALdiving.org](mailto:registrar@CALdiving.org)

Athlete Sign/Print Name \_\_\_\_\_ Date \_\_\_\_\_

Adult Sign/Print Name \_\_\_\_\_ Date \_\_\_\_\_