



East Valley Dive Club

Athlete Information

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Birth Date/Age: _____

Grade: _____ School: _____

Parent/Guardian Information

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Emergency Contact Information

Please list any
medical information
we should be
aware of:

I give permission for any East Valley Dive Club representative to seek medical attention for my child in the event of an accident.

Parent/Guardian
Printed Name: _____ Date: _____

Parent/Guardian
Signature: _____