

## CB Diving Spring Clinic Pre-registration Form

Child's Legal Name (per birth certificate – must include middle initial):

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial (write "none" if no middle initial) \_\_\_\_\_

Preferred name (nick name) if any: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parents' Names \_\_\_\_\_

Email Address \_\_\_\_\_

Full Home Address \_\_\_\_\_

\_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Child's School and School District:

\_\_\_\_\_

Child's Current Grade in School: \_\_\_\_\_

If child has previously participated with any FALL/WINTER dive and/or swim team please note which team here. If not, please write "NONE":

\_\_\_\_\_

Indicate which clinic option applies to your diver:

- No prior diving experience (novice clinic)
- Prior team diving experience (team clinic)

**\*\*\*This information will be used to assess availability to include your diver for the requested program and to set up our online portal for your registration. After processing of this form if there is room in the clinic, divers will be invited to join the program and will receive online registration/payment instructions.\*\*\***