

**R & R Aquatics**  
**Summer Dive Registration 2008**  
**June 16-19, June 23-27, 2008**  
(\$45/person)

Divers's Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_  
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Divers's Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_

Parent Name: Mother \_\_\_\_\_ Father \_\_\_\_\_

Street \_\_\_\_\_ (H) Phone \_\_\_\_\_

City \_\_\_\_\_, Texas. Zip \_\_\_\_\_ (W)Phone \_\_\_\_\_

Contact in Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone \_\_\_\_\_

Allergic to \_\_\_\_\_ Current Medication \_\_\_\_\_

Previous Injuries/Restrictions \_\_\_\_\_

\_\_\_\_\_  
initial Yes, I understand my child will be evaluated on his/her diving abilities and that the coach(es) have the final decision as to whether my child meets the requierments for participation.

\_\_\_\_\_  
initial Yes, I understand that any misconduct on the part of my child may result in disciplinary action up to and including suspension.

\_\_\_\_\_  
initial Yes, I understand that my child's name, results, times, and pictures may appear on the R&R Aquatics website as well as appear in the Fort Bend Herald Newspaper.

I understand that participation in the R&R program is completely voluntary, and I do not hold R&R, Lamar CISD, or the coaching staff and all involved, liable in case of an accident traveling to and from, or during participation in scheduled activities of the organization. In case of an emergency, I give R&R Aquatics permission to provide any and all emergency treatment necessary.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>R &amp; R Use Only</b>			
Check #: _____	Cash: _____	Receipt #: _____	Received By: _____

