

**RETRIEVER DIVE CLUB**  
**2017 – 2018**  
**REGISTRATION FORM**  
*(PLEASE USE ONE FORM PER DIVER)*

**DIVER'S NAME:** \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

**DIVER'S DOB:** \_\_\_\_\_ **MALE** **FEMALE**  
MONTH DAY YEAR (CIRCLE ONE)

**PARENT'S NAME:** \_\_\_\_\_  
FATHER MOTHER LAST NAME

**ADDRESS:** \_\_\_\_\_  
CITY STATE ZIP CODE

**HOME PHONE:** \_\_\_\_\_

**CELL PHONE :( FATHER)** \_\_\_\_\_ **(MOTHER)** \_\_\_\_\_

**WORK PHONE: (FATHER)** \_\_\_\_\_ **( MOTHER )** \_\_\_\_\_

**E – MAIL :( PARENT)** \_\_\_\_\_

**PRACTICES PER WEEK:** \_\_\_\_\_ **DAY(S):** \_\_\_\_\_

(TO BE COMPLETED BY THE COACHING STAFF)

**DATE RECEIVED:** \_\_\_\_\_ **ACCOUNT #:** \_\_\_\_\_

**RDC REGISTRATION FEE: AMOUNT** \_\_\_\_\_ **CHECK #** \_\_\_\_\_  
(CHECKS PAYABLE TO UMBC)

**RDC MEMBERSHIP FEE: AMOUNT:** \_\_\_\_\_ **CHECK #** \_\_\_\_\_  
(CHECKS PAYABLE TO RETRIEVER DIVE CLUB)