

RETRIEVER DIVE CLUB
2018 – 2019
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)