



FREDERICK AREA DIVERS
REGISTRATION 2018
Diver Registration – please print clearly

Team Use Only
Date: _____
Amt: _____
Ck#: _____
AAU: _____
T-Shirt Size: _____

DIVER INFORMATION

DIVER NAME First _____ Last _____		DATE OF BIRTH _____	AGE as of 5/31/18 _____
HOME ADDRESS _____		CITY _____	STATE _____ ZIP _____
PHONE NUMBER _____	CELL NUMBER _____	EMAIL _____	
EMERGENCY CONTACT (other than parents) _____		RELATIONSHIP _____	PHONE NUMBER _____

PARENT INFORMATION

MOTHER'S NAME _____		ADDRESS _____	
HOME PHONE _____	WORK PHONE _____	CELL PHONE _____	
FATHER'S NAME _____		ADDRESS _____	
HOME PHONE _____	WORK PHONE _____	CELL PHONE _____	

INSURANCE INFORMATION

INSURANCE COMPANY NAME _____	
ID OR POLICY NUMBER _____	GROUP CODE OR NUMBER _____
ANY KNOWN ALLERGIES _____	

AAU Insurance

Proof of current AAU membership must be provided by attaching a copy of your diver's membership card to this registration. Join AAU by following links and instructions on the forms page of www.frederickareadivers.com. Or go to www.aausports.org and join. If the diver is already AAU insured through a different sport until 8/31/18, no need to join again – just attach a copy of the current card to this registration form.

Team Contact List

You may add my name and phone number to the Team Contact List for publication and add my email into our Shutterfly Team site.

Signature of Athlete (18 and over) or Parent/Guardian: _____

Volunteer

Parent participation as a volunteer is essential to the success of the team. Please indicate how you would like to help out. Judges must attend a 2-hour training session. All other jobs require no special training.

- | | | |
|---|--|---|
| <input type="checkbox"/> Announcer-home meet | <input type="checkbox"/> Judging – all meets | <input type="checkbox"/> Table worker |
| <input type="checkbox"/> Ribbon prep – home meets | <input type="checkbox"/> Publicity | <input type="checkbox"/> End of Season Picnic |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Parent Representative | <input type="checkbox"/> Co-Parent Representative |

Photo Disclaimer

I understand that photos may be taken of my child and used on the FAD or CMDL websites. I give permission to use any photos taken during dive practices or meets to be used solely for the purpose of promoting the sport of diving.

Signature of Athlete (18 and over) or Parent/Guardian: _____

Waiver, Release, Assumption of Risk

I understand that my participation in AAU activities involves risk and dangers of serious and permanent bodily injury and death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue AAU of the US, Inc., its clubs/teams, Directors, Officers, Employees, Coaches, Officials, Volunteers, Sponsors, Advertisers, Owners/Lessors of Premises from all liability from my participation in these and other AAU related travel, lodging, social/recreational activities.

Signature of Athlete (18 and over) or Parent/Guardian: _____

<p align="center">2018 Registration Fee</p> <p>\$195 per diver (\$10 less for each additional sibling) Make checks payable to Frederick Area Divers Team, Inc. Registration must be received by June 8th to receive a free t-shirt!</p>	<p align="center">Bring completed registration and AAU Card to</p> <p>1) Meet the coach night - Monday, June 4, 6:00pm or 2) Our first practice – Tuesday, June 5, 2018</p>
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REGISTER BY JUNE 7TH, 2018 TO RECEIVE A FREE TEAM SHIRT!

Diver's Name: _____

Please indicate size by circling the appropriate letter: **Child Sizes:** XS S M L XL **Adult Sizes:** XS S M L XL