

**ELITE DIVING, LLC  
DIVER REGISTRATION FORM**

(All information will be kept confidential)

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By submitting this form, the undersigned acknowledges that they have read and agree to abide by the Policies and Procedures as stated in the Elite Diving LLC Program Information document.

**Participants are advised to check the website, [www.divingelite.com](http://www.divingelite.com), everyday** before you leave to drop your child and run. The website will be updated with any **last minute** changes to practice (ie. weather, family emergency, pool issues). This will not happen often but it is helpful. All participants acknowledge that it is **THEIR** responsibility to check.

Diver's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

AAU Registration Number: \_\_\_\_\_ USA Diving Registration Number: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\*\* Note: Elite Diving LLC will use e-mail as the primary means of communication with divers and their parents. Anything regarding travel information, meets, announcements will be done via email & website \*\*\***

PARENT OR GUARDIAN E-MAIL ADDRESS: \_\_\_\_\_

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**ATHLETE AND PARENT AGREEMENT**

As an athlete, I agree to follow all rules of the pool and instructions from the coaching staff. I understand that if I violate any of the rules and/or guidelines by any of the coaches, I will be subject to disciplinary action, which may affect my standing on the team. I promise that I will do my best academically. I will put my studies before any athletic responsibility. I realize that as an athlete, I will uphold the morals and values set by my school, parents and the Elite Diving Club team by representing my school, parents and team in and out of the pool and competitions. I will always represent my fellow teammates, classmates, coaches, school and parents in the best way possible.

As a parent, I agree to follow the pay schedule and acknowledge the late fee schedule. I agree to sign up for AAU (Amateur Athletic Union), which protects the athlete, coach and facility. I understand that if I violate any of the rules, guidelines, or mistreat any coaches, staff, other parents and athletes, I will be subject to have my son/daughter withdrawn from the Elite Diving Club Team and will forfeit any payment made for the month of withdrawal.

Student/Athlete Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

# Parent/Guardian Emergency Contact Information

Parent/Guardian Name: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Other Number (*please specify*): \_\_\_\_\_  
(Type)

*Other persons to contact in case you are unable to be reached*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_