



WEST CHESTER DIVING TEAM REGISTRATION

September 1, 2022-August 31, 2023

DIVER INFORMATION

Diver Name: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____ Gender (M/F): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Primary Contact #: _____ Secondary Contact #: _____

Primary Email: _____

Other Email Address(es): _____

Emergency Contact Name: _____ Contact #: _____

DIVER AAU MEMBERSHIP (9/1/2022-8/31/2023) Enter AAU # _____

WCD AAU Club Code # W37C36

REGISTRATION FEE (9/1/2022-8/31/2023) \$250 Enter Check # _____ or Confirm Venno (X) _____

AUTHORIZATION: CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I state that I am the natural parent and/or have legal custody of _____.
I authorize Ronn Jenkins, WCD LLC CEO and/or his assistant coaches, to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis or treatment and/or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact me are unsuccessful. Please list any allergies and/or pre-existing medical conditions that may be of assistance in caring for this individual:

Physician Name _____ Physician #: _____

Medical Insurance Carrier: _____

Insurance I.D. #: _____ Insurance Phone #: _____

THIS CONSENT IS GRANTED FOR THE PERIOD OF SEPTEMBER 1, 2022 THROUGH AUGUST 31, 2023.

Parent/Guardian Signature: _____ Date: _____

CHECK (X) each box to indicate completion:

- WCD Registration Form completed and Registration Fee remitted
- WCD Concussion Waiver completed and attached
- WCD Hand Spotting Waiver completed and attached
- AAU Registration completed online and AAU membership # listed
- Parent/Guardian has read and acknowledges WCD Policies & Procedures, Practice Absences and Make-up Policies, and WCD Code of Conduct <https://westchesterdiving.com/>