

Frederick Area Divers Registration

TEAM USE ONLY
Date Rc'd _____
Amt _____
Ch# _____
AAU _____

I. Parent Info:

Names: _____

Home Phones: _____

Work Phones: _____

Cell Phones: _____

(Please circle number(s) to be used to notify you of last minute cancellations.)

Addresses: _____

E-mail Addresses: _____

II. Diver(s) Info:

Name (First, MI, Last)	M/F	Date of Birth	Age as of 5/31
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Insurance: Proof of current AAU membership must be provided by attaching a copy of your diver(s) membership card(s) to this registration. Join AAU by following links and instructions on the Forms page of www.frederickareadivers.com. If the diver is already AAU insured (through winter diving, tramp, etc.), don't join again -- just attach a copy of the card.

IV. Volunteer: Parent participation as a volunteer is essential to the success of the team. Please indicate how you would like to help out. Judges need to attend a 2-hour training session (see Calendar). All other jobs require no special training.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Announcer-home meets | <input type="checkbox"/> Judging-all meets | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Table worker organizer | <input type="checkbox"/> Ribbon prep -home meets | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Table workers -all meets | <input type="checkbox"/> End of Season Picnic | <input type="checkbox"/> Photographer |

V. Waivers/Releases:

A) I understand that my participation in AAU activities involves risks 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 for all liability from my participation in these and other AAU related travel, lodging, social/recreational activities.

Signature of Athlete (if over 18) or Parent/Guardian

B) Photos of my child may / may not (circle one) be used on the FAD website and in other FAD promotional materials. (Names and locations will not be identified.)

Make checks payable to FAD

<p><u>Mail registration form, payment, and copy of AAU card to:</u> Frederick Area Divers c/o Laurie Wright 305 Rockdale Ct. Frederick, MD 21702</p>
