

Hershey Diving Team
Fall/Winter 2018-19

Name _____
(Last) (First) (MI)

Street _____

City _____ ZIP _____

Phone (H) _____ (W) _____

Date of Birth ____-____-____ Sex: ____M ____F

Parents Names:

E-mail address _____

Name of person to contact in case of emergency when parent or guardian cannot be contacted:

Name _____ Phone (H) _____

Relationship _____

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I, the parent or guardian, gives my permission for the above named participant to be treated in my absence for any emergency.

Signature of parent and/or guardian Date