

TNT DIVER REGISTRATION FORM

(All information will be kept confidential)

By submitting this form, the below named people acknowledged that they have read and agree to abide by the Policies and Procedures as stated in the TNT Diving Program Information

Check the band everyday before you leave to drop your child and run. This 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. **IT IS YOUR** responsibility to check.

Diver's Name _____ Age _____ DOB ____/____/____

Home Number _____ Cell Number _____

Street Address _____

City _____ State _____ Zip _____

*****Note: TNT Diving will use e-mail and band as the main means of communication with diver's and their parent's. Anything regarding Travel information, meets, announcements will be done via email & website*****

PARENT OR GUARDIAN E-MAIL ADDRESS _____

EMERGENCY INFORMATION.....

I, _____, represent that the following information to be considered when medical
(Parent or Guardian)
treatment is rendered to _____.

Known Allergies _____

Medications Child is Taking _____

Medical History _____

Choice of Hospital or Facility _____

Choice of Physician(s) (include specialists) _____

Insurance Co. _____ Card Number _____ Card Holder _____

Possible location of parent(s) or guardian(s) Please advise us if any changes need to be made with this information.

Location Phone:

Work(mother) _____ (father) _____

Cell (mother) _____ (father) _____

Other relative's name Relationship Phone

_____ () _____
_____ () _____

Signed _____ Date ____/____/____