

## PARENT/GUARDIAN MEMBER INFORMATION

St Ives Member #:

Full Name:

Primary Email:

Additional Email:

Primary Cell #:

Additional Cell #:

## DIVER INFORMATION

First Name	Last Name <i>*if different from parent/ guardian</i>	Gender	Birth Date	Age on June 1, 2016	High School Grad Year	Fee
		M / F				\$ 100.00
		M / F				\$ 100.00
		M / F				\$ 100.00
<b>TOTAL CHARGED TO ACCOUNT:</b>						
<i>Fees will be charged to your St Ives member account June 2016</i>						

## T-SHIRT CHOICE - one (1) team t-shirt given to each diver

Diver Name	STYLE - circle choice	SIZE - circle choice
	UNISEX / SPORT / LADIES	YS - YM - YL - YXL AS - AM - AL - AXL - A2XL - A3XL
	UNISEX / SPORT / LADIES	YS - YM - YL - YXL AS - AM - AL - AXL - A2XL - A3XL
	UNISEX / SPORT / LADIES	YS - YM - YL - YXL AS - AM - AL - AXL - A2XL - A3XL

- Sizing info on website
- Order form for additional Spirit Wear on website - [StIvesDiveTeam.weebly.com](http://StIvesDiveTeam.weebly.com)
- Email [StIvesDiveTeam@gmail.com](mailto:StIvesDiveTeam@gmail.com) with questions

## PLEASE READ THE PARAGRAPHS BELOW ~ Initial, Sign and Date

→ *Every diver must have this form on file in order to compete in any Summer 2016 meet.*

**VOLUNTEERS:** Parents or guardians are needed to volunteer during Dive Meets. Please be prepared to work a portion of the meet. A sign-up from SignUp Genius will be emailed to the emails provided above. We request that a parent or guardian sign-up to work at least once per diving child.

**REFUND POLICY:** I understand that my account will be charged for the total charge shown above. St Ives Dive Team offers a provision for divers who, after attending their first two practices, decide to not participate in Dive Team. If we receive your emailed request for a refund **no later than May 22, 2016**, you will receive your registration fee refund, less \$13 - the cost of the diver's shirt which you will still receive.

**MEDICAL RELEASE:** My signature below grants permission for my son(s) and/or daughter(s) to participate on the St Ives Dive Team. I further acknowledge that I release St Ives Country Club, referred to as staff including, its officers, Zach Hernandez and his staff, from any and all liability resulting from my child's participation on the team. Additionally, the Staff is authorized to render emergency medical care to the above named minors as could be undertaken by the parents or guardian.

Parent Signature

Date

*Please complete then return this form to the Saint Ives Clubhouse receptionist desk.*