

Release of Liability Form

Legacy Diving will do everything in their power to make sure that _____ (Diver's Name) is safe while at practice and meets. In any sport kids are at some risk of being injured.

(Print Parent/Guardian's Name) _____ understands that there are risks involved in diving. I/We agree not to hold the Legacy Diving coaching staff or Eastern Michigan University responsible for injuries that may occur

Parent/Guardian Signature

Date

Parent's E-mail Address

Legacy Diving **strongly** recommends that every diver have an annual physical and receive permission from a physician before participating in athletic activity.

Emergency Contact Information

Please fill in number(s) that you can be contacted at in case of an emergency.

Parent/Guardian's Name _____

Please circle which phone number is the best way to reach you:

Home _____

Office _____

Cell _____

E-mail Address _____

Please list alternate emergency contacts in case of an emergency:

Name _____ Relationship _____ Number _____

Name _____ Relationship _____ Number _____

LEGACY DIVING CAMP

Registration Form

Please fill out the form below, and return to Legacy Diving

Diver's Full Name	Birth Date	Age
Which CAMP are you registering for?	How many days per week?	
	1x	2x 3x 4x
Print Parents First and Last Names: *Circle which parent will be the Legacy billing account manager!		
Complete Mailing Address		
Parent's E-mail Address: * Please circle the e-mail that you would like us to use for billing invoices!		
Home Phone	Cell Phone	Work Phone
Diver/Parent Signature	Date Registering	

Please return the registration form, liability form, concussion form, and a copy of your USD membership card to the address below.

Mail to:
Kara Smith
7430 Warwick Drive
Ypsilanti, MI 48197