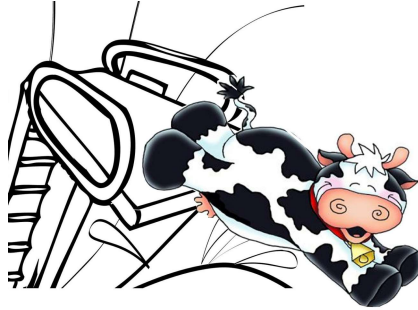


Lily Flagg Dive Team Registration



Athlete Name	M/F	Age	Birth Date (MM/DD/YY)

Dive Registration Fee: \$85/diver

Parent Name(s): _____

Address: _____

Preferred Phone Number: _____ E-mail: _____

Permission to Text Information To Cell Phone Yes No Cell Number _____

Permission to share Email and Phone # with other dive families Yes No

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Does the athlete have any known medical conditions or allergies?: Yes No

If yes, please explain: _____

I give permission for my child to receive emergency medical care in the event that I cannot be reached.

Signature: _____ Date: _____

Please return registration form and payment made out to **“Lily Flagg”** and **“Dive Team”** in the memo to:

Amber Heimbeck
10013 Covington Dr.
Huntsville, AL 35803

Registered Divers: _____ Total Payment (#divers * \$85): _____