



**BLAST OFF
WINTER 2010**

Name of Diver: _____

Address: _____

_____ Postal Code: _____

Phone: (519) _____ e-mail address: _____

Age: _____ Birthdate: (day/month/year) _____

Parent/Guardian Name: _____ Cell Phone # _____

Medical Information (allergies, injuries, limitations): _____

OHIP #: _____

I [parent or guardian of child under 18] _____ agree to the release of [name of child] _____'s name, age, photograph, and/or diving achievements, as long as this release has been sanctioned by a member of the K-W Diving Club Executive Committee or a member of the club's coaching staff. This includes release to Dive Ontario/Dive Canada for insurance purposes.

This includes publications within the K-W Diving Club and diving community at large, in addition to external mediums including but not limited to the K-W Diving Club's website.

I agree that our phone # and Email address can be used within the K-W Diving Club to facilitate the distribution of the club newsletter, meet information and for a club phone directory.

I acknowledge that any other personal information will not be released without my prior express consent.

Date: _____ Signature: _____

Please check the date you wish for the class – Session is 9 weeks long – Cost for class is \$85 for the session. First Class is January 8th – Last Class is March 5th

Friday _____ 5:30 P.M.

NOTE: All Registration fees are non-refundable after the 2nd lesson. Any pool class refund prior to the 2nd lesson is subject to a \$15 administration fee.

ALL TIMES AND DATES ARE SUBJECT TO AVAILABILITY. TIMES MAY VARY CLASSES MAY BE CANCELLED OR CONSOLIDATED, DUE TO LOW ENROLLMENT

FOR OFFICE USE ONLY:

Cash / cheque # _____ Amount _____