



Blast Off
Fall 2010
Ages 3-5

Name of Diver: _____

Address: _____
Postal Code: _____

Age: _____ Birth date: (day/month/year) _____

Parent/Guardian Name: _____ Phone (H) _____ (C) _____

Email Address _____

Parent/Guardian Name: _____ Phone (H) _____ (C) _____

Email Address _____

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 day and time of desired class

Session 1 is seven weeks long from Oct 1- Nov 5th Friday 5:30- 6:00 (\$60)

Session 2 is six weeks long from Nov 12th- Dec 17th Friday 5:30- 6:00 (\$60)

NOTE: Registration fees are non-refundable after the 2nd lesson. Any refund prior to the 2nd lesson (pool or dryland) is subject to a \$30 administration fee.

Cut off age for this program is anyone born after Dec 31st, 2005 (children 6 and up can sign up for Learn to Dive)

All times and dates are subject to availability. Classes may be cancelled or consolidated due to low enrolment

Please see our web site www.kwdivingclub.com for all our club policies (under diving resources)

For Office Use Only:
Payment method _____ Amount _____ Received by _____