



CAROLINA DIVING ACADEMY
Huntersville Family Fitness & Aquatics

Guest Relations Staff Only	
Registration ___/___/___	Staff _____
Med Release ___/___/___	Staff _____
EFT ___/___/___	Staff _____
Check # _____	Staff _____
Key Tag # _____	Staff _____
Touch Fit ___/___/___	Staff _____

Lessons Registration Form

- | | |
|--|---|
| <input type="checkbox"/> Neighborhood Lessons MEMBER [\$70/mos] | <input type="checkbox"/> Neighborhood Lessons NON-MEM [\$85/mos] |
| <input type="checkbox"/> Beginner Lessons 1-Day MEMBER [\$70/mos] | <input type="checkbox"/> Beginner Lessons 1-Day NON-MEM [\$85/mos] |
| <input type="checkbox"/> Beginner Lessons 2-Day MEMBER [\$100/mos] | <input type="checkbox"/> Beginner Lessons 2-Day NON-MEM [\$125/mos] |
| <input type="checkbox"/> Advanced Lessons MEMBER [\$100/mos] | <input type="checkbox"/> Advanced Lessons NON-MEM [\$125/mos] |

Date: _____

HFFA Member: Y/N

Neighborhood Lessons Group _____

Lessons:

Quarter: Sept.- Nov. Dec.-Feb. March- May June-Aug. Days: M/W T/Th

Participant Name: _____ Age _____

DOB: _____

Parent Name(s): _____

Address of Participant: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ Work/Cell _____

Participant Cell _____

Parent Email: _____

Participant Email _____

Emergency Contact: Name: _____ Number: _____

US Diving # _____ AAU # _____

How did you hear about us?

By the enrollment of my child in this program, sponsored by Huntersville Family Fitness & Aquatics, I certify that I have disclosed to this facility any restrictions or conditions that may hinder myself and/or my child's participation in this program. In signing this waiver, I also give my permission for myself and/or my child to participate in all activities associated with this program, including those activities/field trips required or involving transportation.

I furthermore hereby release, discharge and hold harmless Huntersville Family Fitness & Aquatics & Carolina Diving Academy, its employees, volunteers, instructors and contractor from all actions, claims demands and costs for any injury or illness suffered by myself and/or my child as a result of participation in this program and associated activities.

____ / ____ / _____

Participant Signature (Parent/Guardian signature if under age 18)

Date