



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	_____

Registration Form

- | | |
|--|--|
| <input type="checkbox"/> Developmental Team 2 days [\$175/mos] | <input type="checkbox"/> Developmental Team 3 days [\$200/mos] |
| <input type="checkbox"/> Intermediate Team 3 days [\$200/mos] | <input type="checkbox"/> Intermediate Team 4 days [\$225/mos] |
| <input type="checkbox"/> Elite Team – 13 years under [\$250/mos] | <input type="checkbox"/> Elite Team – 14+ years [\$275/mos] |
| <input type="checkbox"/> Masters Practice [\$175/mos] | |

Date: _____ HFFA Member: Y/N

Developmental Team Session: Sept.-Feb. March-Aug.

Intermediate and Elite team are registering for the season - September through August

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