

OYSTER RIVER OTTERS DIVING – 2009-10

ATHLETE INFORMATION

LAST NAME _____ FIRST _____ INITIAL _____

DATE OF BIRTH _____ AGE _____
_____ MALE _____ FEMALE

ADDRESS _____

PARENT 1 _____ PARENT 2 _____

ADDRESS _____ PHONE (AM) _____

EMAIL _____ PHONE (PM) _____

MEDICAL INFORMATION

PHYSICIAN _____ PHONE _____

DENTIST _____ PHONE _____

DATE OF LAST TETANUS _____ DOES YOUR CHILD WEAR CONTACT LENSES? YES NO

ANY ADDITIONAL INFORMATION WE SHOULD KNOW ABOUT?

In case of accident or serious illness suffered by my/our child during his/her participation in an ORO activity, I/we request the ORO or its agents to contact *me/us* at the above telephone numbers. In the event that I/We cannot be reached, I/We authorize the ORO or its agents to secure whatever reasonable and necessary medical treatment is required. Please note that dues refunds will only be given for a medical excuse by your doctor.

PARENT SIGNATURE _____ Date _____

Dues:

1. \$60 registration payable to "Friends of Otters" and
2. Divers must become members of USA Diving, please register on line with USA Diving at - <https://webpoint.usadiving.org/wp/memberships/join.asp>
3. The fee is \$12.

Please make your check in the amount of \$60 payable to: "Friends of Otters"

Check # _____ Amount _____

PLEASE READ & SIGN PAGE 2 OF THIS FORM. THANK YOU!