



# Diving Lessons

Participant Name: \_\_\_\_\_

Member            Yes            No

Participant Age/Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Medical Conditions (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Members cost is \$10 per session

Non Members cost is \$15

Each session is 50 minutes

Number of Sessions signed up for \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**For Office Use Only:**

Amount \$ \_\_\_\_\_ Credit/Check#/Cash \_\_\_\_\_