

**FRASER VALLEY DIVING CLUB  
2008-09 CLUB REGISTRATION  
(please fill out and return with fees)**

**DIVER INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age: \_\_\_\_\_

**PARENT INFORMATION**

**NOTE: Provide frequently used Email address for adults – No hotmail accounts**

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

**MEDICAL INFORMATION**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Diver's Care Card # \_\_\_\_\_

Known allergies or medical conditions \_\_\_\_\_

Do you take any medications for the above conditions? If yes, please list \_\_\_\_\_

**SELECTED TRAINING DAY & TIME: (please circle)**

Monday 4:15 – 5:30

Monday 5:15 – 6:30

Wednesday 4:15 – 5:30

Wednesday 5:15 – 6:30

Friday 4:15 – 5:30

Friday 5:15 – 6:30