

<i>For official use only:</i> Paid: (amount) \$ _____ Cash or Check # _____ Form Complete: _____ Dive Sheet(s) Complete: 1m _____ 3m _____
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**Whirlwind Diving**  
**New Canaan YMCA**

**Winter Weekend 2007**  
**February 10<sup>th</sup> and 11<sup>th</sup>, 2007**

**Registration Form**

*(Postmark by Friday, February 2 to avoid late fee)*  
**Dive Sheets Must Be Submitted With This Registration**

Name (first then last): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age on December 31, **2007:** \_\_\_\_\_ Age group: 1m \_\_\_\_\_ 3m \_\_\_\_\_

AAU No.: \_\_\_\_\_ Circle only one: Novice or JO Gender: M F (circle)

Address: \_\_\_\_\_  
 (Address) (City) (State) (ZIP)

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Parent/guardian e-mail address: \_\_\_\_\_

Team: \_\_\_\_\_ Coach: \_\_\_\_\_

Coach's e-mail address: \_\_\_\_\_

Coach's tele. no.: \_\_\_\_\_

Event No(s): \_\_\_\_\_ x \$25/event = \$ \_\_\_\_\_

\$15 charge for late entry (postmarked after 2/2/07) or deck entry = \$ \_\_\_\_\_

Total entry fee = \$ \_\_\_\_\_

Please make your check payable to Whirlwind Diving Parents Association  
 and mail this Registration Form, your Dive Sheets and your check to the Meet Secretary:

Deb MacDonald  
 P.O. Box 2333  
 Darien, CT 06820  
 (203) 655-0591

**Waiver and Release**

In consideration of your acceptance of this registration, I hereby, for myself and for my child named above, and for all of my and all of my child's heirs, executors, personal representatives and administrators, waive and release any and all rights and claims for damages that I or my child may have against the Amateur Athletic Union, USA Diving, Inc., NCYAC Whirlwind Diving, the Whirlwind Diving Parents Association, the New Canaan YMCA, and these organizations' volunteers, officers, directors, agents, representatives and successors for any and all injuries to me or my child while on the New Canaan YMCA's premises on February 10<sup>th</sup> and 11<sup>th</sup>, 2007.

\_\_\_\_\_  
 (Diver's parent or guardian, or diver if age 18 or older on 2/10/07, please sign)

\_\_\_\_\_  
 (Date)