

**Hershey Diving Team
Winter 2024-25**

Name _____
(Last) (First) (MI)

Street _____

City _____ ZIP _____

Phone (H) _____ (W) _____

Date of Birth _____ - _____ - _____ Sex: _____ M _____ F

Parents Names:

E-mail address(es) _____

Name of person to contact in case of emergency when parent or guardian cannot be contacted:

Name _____ Phone (H) _____

Relationship _____



I, the parent or guardian, gives my permission for the above named participant to be treated in my absence for any emergency.

Signature of parent and/or guardian Date