

2014 Brookside Bullfrogs Diving Team

Parent's Name: _____ Phone _____

Cell _____

Cell _____

Address: _____

Email: _____

Email: _____

Diver's Name	Birth Date	Age	Sex
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As of June 30th

1) _____

2) _____

3) _____

4) _____

5) _____

Parents are requested to work at all meets. Job descriptions and training dates will be posted when made available by the league.

Parent's Signature: _____ Date: _____

Fees: \$50.00 per child (Payment capped at 3 children - 4th child free)