



WINDY CITY DIVING

Spring Diving Lessons registration form

Parent Name: _____

Child's Name: _____

Child's Age: _____

Email address: _____ @ _____ . _____

Emergency Contact Phone Number: _____

Lesson Days: Wednesday from 5:30-6:30 pm

Payment: _____

Check #: _____

Please mail this form along with a check payable to Windy City Diving.

Windy City Diving Team
1139 Gordon Terrace
Deerfield, IL 60015

****All participants must be registered with AAU Diving and identify Windy City Diving as their team. Please enclose a copy of your membership card.**