



WINDY CITY DIVING

Spring Intermediate Diving Lessons registration form

Parent Name: _____

Child's Name: _____

Child's Age: _____

Email address: _____ @ _____ . _____

Emergency Contact Phone Number: _____

Lesson Days: Monday & Wednesday from 6:30-8:00 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.**