CB Diving Spring Clinic Pre-registration Form
Child’s Legal Name (per birth certificate – must include middle initial):
Last Name ____
First Name ____
Middle Initial (write “none” if no middle initial) ________________________
Preferred name (nick name) if any: ____________________
Date of Birth _______________________ Gender ______________________
Parents’ Names ____
Email Address____
Full Home Address ____
 ____
Primary Phone Number ______________________________________
Child’s School and School District:
____
Child’s Current Grade in School: ________________________________
If child has previously participated with any FALL/WINTER dive and/or swim team please
note which team here. If not, please write “NONE”:
____
Indicate which clinic option applies to your diver:
 No prior diving experience (novice clinic)
 Prior team diving experience (team clinic)

***This information will be used to assess availability to include your diver for the requested program and to set up our
online portal for your registration. After processing of this form if there is room in the clinic, divers will be invited to join
the program and will receive online registration/payment instructions.***
v. 12/2022