



MISSION VIEJO NADADORES DIVING MASTERS PROGRAM ENROLLMENT FORM

Thank you for your interest in joining the MVND Masters adult diving program. Your safety, ongoing participation, and enjoyment are important to the coaching staff and to US Masters Diving. To enroll, please complete the following information and return it to the coaching Staff.

CONTACT INFORMATION

DIVER NAME: _____
(Last) (First) (Mr./Ms./Mrs.)

MAILING ADDRESS: _____
(Street) (Apt#) (City) (Zip)

CONTACT PHONE: () _____ Mobile: () _____

EMAIL ADDRESS: _____

AAU DIVE MEMBER NUMBER: _____ Valid Until : _____

PERSONAL INFORMATION

What is your history, if any, with Diving?

How did you hear about the program?

What are your primary interests in the program? (Fitness, Personal Challenge, other?)

What would you like to learn, accomplish or gain?

Would you like to compete? (Y/N/Maybe) Have you competed in the past?

Do you have any history with diving or similar sports? (If no, that's OK!)





Are you currently a member of US Diving or AAU Sports? (Y/N)

Tell us more about yourself:

Do you have children enrolled at MVND? (Y/N)

If YES, who?

How many days / week are you interested in diving?

Which days?

Are you interested in morning or evening workouts?

Would you be interested in weekend workouts and SOP (Supervised Open Practice)?

Would you be interested in Dive Clinics, Belts, Trampoline, or other activities?

Do you have any injuries currently or in the past that might be a factor? (Y/N)

If yes, describe:

Do you have travel or other factors that may require flexibility in your schedule?

Do we grant permission to share photos, videos, or provided quotes of or involving you in publications or promotional materials? (Y / N)

PAYMENT INFORMATION & AUTHORIZATION

Payment authorization is available via a check mailed or handed to coaching staff the first day of dive at the beginning of each month, via monthly EBT draft or via credit card payment by Paypal (subject to additional processing fees). Please select your preferred method of payment:

_____ Check will be provided monthly, payable to MVND with "Masters" in the memo

_____ Please set up automatic bank draft

_____ Please invoice me via secure credit card payment, subject to 3.5% processing fee.

Authorization: The above information is true to the best of my knowledge

_____ Date: _____
(Diver signature)