



Registration Form

CUBACAN DIVING CAMP

Diver Details

Last name Passport #

First name Passport expiry date

Address Birthdate

..... Age during camp

..... Gender

..... Home diving club

..... Coach

Primary Contact

Last name

First name

Relationship to diver

Primary phone number

Secondary number

Email address

Secondary Contact

Last name

First name

Relationship to diver

Primary phone number

Secondary number

Email address

Roommate Requests

1

2 3

Camp #1

Date: August 27th to September 2nd, 2018
Cost: \$2100

Camp #2

Date: N/A
Cost: N/A

Payment

Please email or fax this completed form to DPC ASAP. Your child's spot will be confirmed only once full payment is received. The fastest method of payment is using PayPal. Please contact us for details. Otherwise, a personal cheque or bank draft must be mailed to DPC to confirm your child's registration in the camp.

Diving Plongeon Canada
Attn. Cuban Diving Camp
312-700 Industrial Ave
Ottawa, ON, K1G 0Y9
sstevenson@diving.ca
Fax: (613) 736-0409

Waiver

I, the undersigned parent/guardian, do hereby grant my son/daughter named above to attend the DPC Cuban Diving Camp. They will be participating in the diving camp program as described on the camp website and as typical of diving training activity. I understand that the coaches, counsellors and leaders of the camp will take all reasonable safety precautions, and that the possibility of unforeseen hazard does exist. I hereby release, waive, covenant not to sue, and agree to hold harmless Diving Plongeon Canada, its leaders, volunteers and staff from any and all liabilities, claims, demands or injury, including death that may be sustained by my child while participating in such activity. I am fully aware of the risks and hazards associated with the activity and I hereby elect to voluntarily allow my child to fully participate in the activity. I give permission for DPC's use of quotes, photos or videos of my child in DPC related promotions or publications. I release my right for any kind of payment for such use.

Name of Parent or Guardian: Signature of Parent or Guardian

Date: