

# Los Banos Diving

- Beginning
- Intermediate
- Advanced

## Participant information

Boy	Girl	Age:
First:		Last:
Address		
City		ZIP
Hm Phone		
Cell		
E-Mail		

## Emergency Contact

First Name		Last Name	
Address <i>(if different)</i>			
City		ZIP	
Hm Phone			
Wk Phone			
Cell			
E-Mail			

Disabilities	Asthma	<input style="width: 90%;" type="text"/>	Puffer must accompany student to all lessons
	Other		
Allergies	Bees	<input style="width: 90%;" type="text"/>	Epipen must accompany student to all lessons
	Other		

## Lessons (LBD use only)

	Group	Private	Time(s)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

NOTES:

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