



DIVE CHALLENGE REGISTRATION FORM

Participant Name: _____

Address: _____

Phone #: _____

Email Address: _____

Date of Birth: _____

Diver Certification Level (or "Non diver"): _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Can Rockfish Divers and Dive Challenge sponsors use any images taken of you throughout Dive Challenge for promotional purposes? Yes/No: _____

Can Rockfish Divers post your first name and the initial of your last name online for the purposes of displaying Dive Challenging rankings? Yes/No: _____

Can Rockfish Divers add you as a subscriber to our newsletter? Yes/No: _____

I, _____, understand that Rockfish Divers Staff and Dive Challenge Coordinators must verify participation through onsite rosters, online submissions, and in-store verification (i.e. logbook checks) to confirm participation in each activity and award Dive Challenge points. All points shall be tallied on a daily basis and updated at <http://www.rockfishdivers.com/dive-challenge.html>.

Participant Signature

Date (D/M/Y)

Parent/Guardian Signature

Date (D/M/Y)

Witness Signature – Rockfish Divers

Date (D/M/Y)