

## APPLICATION FOR AAU INSURANCE - DIVING

If athlete/prospective member is a minor, the person completing this application represents that he/she, as the athlete's parent or guardian, consent for the athlete to become an AAU member under Pittsburgh Elite Aquatics - Upper St. Clair Location.

I understand and agree to the above statement: \_\_\_\_\_

Printed name of signer above: \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_

Please complete the following athlete information:

Full Legal First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender (Male or Female) \_\_\_\_\_

Email address \_\_\_\_\_

*If athlete is under the age of 13, please provide parent/guardian email address*