



Manta Divers

3401 Roosevelt Rd. Kenosha, WI 53142  
(262)654-3483 [www.mantadiveshop.com](http://www.mantadiveshop.com)

Participant Record Form

Date of Class \_\_\_\_\_ Name \_\_\_\_\_ M/ F DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Height& Weight or clothing size: \_\_\_\_\_ Shoe Size \_\_\_\_\_

I \_\_\_\_\_ hereby give permission to Manta Divers to use my name, quotes and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If individual is under 18:

I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Manta Diver Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_