

NISCA ALL AMERICA DIVING
Signature Verification Card
(Please print neatly)

First Name _____ Last Name _____

High School _____

Diver's email _____ Grade _____

Verification

DATE	DIVING MEET	SCORE	PLACE
REF'S SIGNATURE (NUMBER) _____			
MEET MANAGER'S SIGNATURE _____			

Diving Coach _____ Phone # _____

Diving Coach's email _____

By completing this form you agree that NISCA may use the video for educational purposes.

Include this form with your application, DVD, diving sheet, copy of payment, and the diving results

www.niscaonline.org

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