



APPLICATION FORM

CERTIFIED DIVERS

| 1. GENERAL INFORMATION | PARTICIPANT 1 | PARTICIPANT 2 | PARTICIPANT 3 |
|---|---|---|---|
| First Name | | | |
| Last Name | | | |
| Passport Number & Country | | | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Date of Birthday | Age: _____ | Age: _____ | Age: _____ |
| Address /City | | | |
| Emergency Contact Name/phono | | | |
| Any Allergies or dietary restrictions | | | |
| 2. SIZE | | | |
| Height(cm) | | | |
| Weight(Kg) | | | |
| FeetSize (cm): | | | |
| BCD size | XS - S - M - L - XL - XXL - 3XL | XS - S - M - L - XL - XXL - 3XL | XS - S - M - L - XL - XXL - 3XL |
| Wetsuit size | XS - S - M - L - XL - XXL - 3XL | XS - S - M - L - XL - XXL - 3XL | XS - S - M - L - XL - XXL - 3XL |
| 3. DIVING EXPERIENCE | | | |
| Dive Certification Agency &Number | | | |
| Dive certification Level | OPEN WATER ___ RESCUE ___ ADVANCE ___ DM/INSTRUCTOR ___ | OPEN WATER ___ RESCUE ___ ADVANCE ___ DM/INSTRUCTOR ___ | OPEN WATER ___ RESCUE ___ ADVANCE ___ DM/INSTRUCTOR ___ |
| Total number of logged dives | | | |
| Date of the last dive | | | |
| Do you have experience in the following diving conditions | Cold Water (7 mm suit) ___ Reef ___ Currents /Drift ___ Wall ___ Choppy surface ___ | Cold Water (7 mm suit) ___ Reef ___ Currents /Drift ___ Wall ___ Choppy surface ___ | Cold Water (7 mm suit) ___ Reef ___ Currents /Drift ___ Wall ___ Choppy surface ___ |
| Dive Insurance: Agency &number | | | |
| 4. MEDICAL CONDITIONS: ANSWER YES OR NO TO THE FOLLOWING MEDICAL CONDITIONS | | | |
| Asthma or Frequent attacks of allergys | | | |
| Diabetes | | | |
| High blood pressure | | | |
| Heart Disease or attack | | | |
| Convulsions or epilepsy | | | |
| Frequent colds, sinusitis or bronchitis | | | |
| Any form of lung disease | | | |
| Recurrent ear problems | | | |
| Recurrent back or arm problems | | | |
| Any dive accidents or decompression sickness | | | |
| Panic Attack, fear of closed or open spaces | | | |
| IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, OR IF YOU ARE MORE THAN 60 YEARS OF AGE AND HAVE NOT BEEN DIVING FOR MORE THAN 8 MONTHS. WE MUST REQUEST THAT YOU CONSULT WITH A PHYSICIAN PRIOR TO PARTICIPATING IN SCUBA DIVING AND YOU MUST TO SEND FIT TO DIVE CERTIFICATE | | | |