

# HALFMOON DIVE CHARTERS

POWERED BY WATERHORSE ADVENTURES

## DIVER INFORMATION

### CONTACT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

CERTIFICATIONS (Agency & Number) \_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

# OF YEARS DIVING \_\_\_\_\_

TOTAL # OF DIVES \_\_\_\_\_

MONTH AND YEAR OF LAST DIVE \_\_\_\_\_

Dive Insurance Co \_\_\_\_\_  
Medical Insurance Co. \_\_\_\_\_

Any Existing Medical Conditions?    Yes    No    (Provide Details on Reverse)

Any Allergies?    Yes    No    (Provide Details on Reverse)

Any Existing Medical or Physical conditions that will limit your ability to Dive?    Yes    No    (Provide Details on Reverse)

Any Diving Related Injuries in the last 5 years?    Yes    No    (Provide Details on Reverse)

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME \_\_\_\_\_