

Trip Application
Professional Instruction In SCUBA



Trip Date _____

Full Legal Name: _____ Nickname: _____ Age: _____

Birth date: _____ Email Address: _____

Address: _____

Phone # (Cell): _____ Home: _____ Other: _____

Emergency Contact: _____ Phone Number: _____

Marital Status: _____ Number of Children: _____

Hobbies: _____

Have you had a physical in the last six months? _____ If yes, list date: _____

Other Certifications (First Aid/CPR, Lifesaving, etc.) _____

What about this sport interests you? _____

Spear fishing _____ Nitrox _____ Night _____ Beach _____ Boat _____

Photography _____ Wreck _____ Navigation _____ Other _____ Computers _____

How did you learn about us? (Facebook, website, store visit, referred by a friend tell us!)

Please list any friends, family members or co-workers that you would like to dive with:

Name (s) Relation to You Telephone Numbers

Equipment you own: Mask ___ Fins ___ Snorkel ___ Boots ___ Gloves ___ Cylinder ___ Regulator ___

BCD ___ UW Camera ___ Other item(s) _____

Additional Information Needed From Certified Divers

Agency certified with (SSI, ANDI, PADI, NAUI, etc.) _____

Highest Certification Level (Basic, Advanced, Expert, etc.) _____

Where was the course given? _____ Where was the checkout? _____

Approx. length of course _____ Instructor's Name _____

Approx. # of dives _____ Deepest Dive to date _____

Main type of diving you are interested in? _____

Any subject (s) you would like to see covered in this course? _____

Trip fees are non-refundable.

Signature of Participant Date

Signature of Parent or Guardian Date