

Scuba Rangers Parent/Guardian Information Questionnaire

Please answer each question as accurately as possible. The information you provide on this form will help us make your child's Scuba Ranger experience as fun as possible. Questions in italics must be answered before participation.

Scuba Ranger Program Dates Enrolled: _____ to _____

Does your child have any medical conditions? ___ YES ___ NO If yes, please describe: _____

Has your child ever had, or is currently having ear problems? ___ YES ___ NO If yes, please describe: _____

Is your child currently taking any medications? ___ YES ___ NO If yes, what: _____

Child's Physician Name: _____ *Phone:* _____

Does your child wear corrective lenses: ___ YES ___ NO

If yes, does your child require them to distinguish objects? ___ YES ___ NO

Does your child have any allergies? (Including food allergies) ___ YES ___ NO If yes, to what: _____

How would you rank your child's self esteem level?

___ Very High ___ High ___ Adequate ___ Needs Work ___ Low ___ Very Low

How would you rate your child's discipline level?

___ Very High ___ High ___ Adequate ___ Needs Work ___ Low ___ Very Low

How would you rank your child's swimming ability?

___ Competitive (can swim most strokes 300 yards or greater)

___ Very Good (can swim at least three strokes 100 yards)

___ Adequate (can swim 25 yards)

___ Low (can swim 10 yards)

___ Can't Swim Without Assistance

What other activities has your child participated in? _____

Other information: _____

Privacy Statement & Consent Form

I understand and agree that for the purpose of diver training and verification of my child's club membership, SSI will retain the personal information I have provided to them during my child's training which includes, but is not limited to, my child's name, mailing address, email address, phone number, date of birth, photograph and club diver number.

This personal information will be stored in SSI's database, also referred to as ODiN. SSI will take reasonable steps to ensure this data is protected, and I will be given a user name and password which will allow me or my child to access the SSI database and verify my child's personal information contained therein is correct, current and accurate.

I consent to SSI, an authorized SSI subsidiary, accessing this information for purposes of verifying my child's club diving membership.

Mother's Name _____ Signature _____ Date: _____

Father's Name _____ Signature _____ Date: _____

Guardian's Name _____ Signature _____ Date: _____

Medical Statement

-----PATIENT RECORD-----CONFIDENTIAL INFORMATION-----

Please read carefully before signing

This is a statement in which you and your child are informed of some potential risks involved in scuba diving and of the conduct required of the child during their participation in the program. Your (parent/guardian) signature on this statement is required for the child to participate in this program offered by:

(INSTRUCTOR) _____

and (FACILITY) _____

located in the city of _____

and state of _____

Read and discuss this statement prior to signing it. This Medical Statement must be completed, which includes the medical history section, to enroll in this child development program involving scuba. Since the child is a minor, this statement must be signed by the child's parent/guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it

is very safe. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, the child must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. The child's respiratory and circulatory systems must be in good health. All body spaces must be normal and healthy. A child with heart trouble, a current cold or congestion, epilepsy, asthma or a severe medical problem should not dive. If the child is taking medication, consult the child's physician and the Instructor before participation in the program. The child will also need to learn from the Instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. The child must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If there are any additional questions regarding this Medical Statement or the Medical History section, review them with the Instructor or consult with your child's physician before signing.

Medical History

To the Participant's Parent/Guardian

The purpose of this medical questionnaire is to find out if a physician should examine the child before participating in this program. A positive response to a question does not necessarily disqualify the child from dive. A positive response means there is a preexisting condition that may affect the child's safety while diving and you (Parent/guardian) must seek the advice of the child's physician.

Please answer the following questions on the child's past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to the child, we must request that you consult with the child's physician prior to he/she participating in the program. The instructor will supply you with a medical statement and guidelines for the recreational scuba diver's physical examination to take to the child's physician.

___ Is the child pregnant or do you suspect the child is pregnant?

___ Does the child regularly take prescription or non-prescription medications?

HAS THE CHILD EVER HAD OR DOES THE CHILD CURRENTLY HAVE...

___ Asthma, or wheezing with breathing, or wheezing with exercise?

___ Frequent or sever attacks of hay fever or allergy?

___ Frequent colds, sinusitis or bronchitis?

___ Pneumothorax (collapsed lung)?

___ History of being born premature and having to be on oxygen or need mechanical ventilation?

___ History of congenital heart problems such as heart murmur during the newborn period that should have resolved?

___ History of ADD or ADHD?

___ Claustrophobia or agoraphobia (fear of closed or open spaces)?

___ Behavioral health problems?

___ Epilepsy, seizures, convulsions or take medication to prevent them?

___ History of blackouts or fainting (full/partial loss of consciousness)

___ Do you frequently suffer from motion sickness (seasick, carsick, etc.)?

___ Having diving accidents or decompression sickness?

___ History of recurring back problems?

___ History of back surgery?

___ History of diabetes?

___ History of back, arm or leg problems following surgery, injury or fracture?

___ Inability to perform moderate exercise (walk one mile within 12 minutes)?

___ History of high blood pressure or take medication to control blood pressure?

___ History of chest surgery?

___ History of heart disease?

___ History of heart attacks?

___ Angina or heart blood vessel surgery?

___ History of ear drainage other than wax?

___ History of ear or sinus surgery?

___ PE tube or surgery to patch an ear drum from a PE tube or perforation that did not heal?

___ History of ear disease, hearing loss or problems with balance?

___ History of problems equalizing (popping) ears with airplane or mountain travel?

___ History of bleeding or other blood disorders?

___ History of any type of hernia?

___ History of ulcers or ulcer surgery?

___ History of colostomy?

___ Frequent nose bleeds or history of having a nose bleed treated because it would not stop bleeding?

The information I have provided about my/my child's medical history is to the best of my knowledge.

Signature of Parent/Guardian _____

Date _____

Scuba Rangers Release Authorization

Please write the names of individuals other than you that might pick up your child from this facility and other Scuba Ranger Club Event locations. Also, please write the relationship of the individual to the Scuba Ranger (ie - grandmother, sister, baby sitter, etc.)

May we release this child to someone other than you? ___ YES ___ NO

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Certifying Instructor

Instructor #

Scuba Rangers #

Date

EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE #

Parent's Last First

M.I. Parent Address (if different)

City

State

Zip

Phone #

Last First

M.I. Current Address

City

State

Zip

Birthdate

Phone #

Parental Statement of Understanding and Liability Waiver and Release

Purpose: This statement is to be used in conjunction with the Risk Awareness for Children video for swimming, snorkeling and scuba activities for children under the age of 15.

Directions: After reading each statement, write your initials in the space provided next to the statement indicating that you understand the statement. When you have initialed each statement, sign and date the appropriate area below.

I (we), _____, have been informed of the potential risks involved with my (our) child, _____, participating in a swimming, snorkeling or scuba activity conducted by _____ through the facility of _____ in the city of _____ in the county of _____, a state of _____ beginning on the _____ of (month) _____, (year) _____.

_____ I (we) have been fully informed, together with my (our) minor child, by the above-named instructor(s) and dealer through a review of the Risk Awareness for Children video and instructional session on behalf of the above-named facility and store. I (we) have discussed the inherent risks and hazards associated with this activity and I (we) have collectively with my (our) child, wish to continue and participate in this activity.

I (we) understand that:

_____ Concept Systems, Inc. develops the materials for this activity and is not in any way responsible for the supervision of the dive facility or dive leader.

_____ The retailer offer the activity through the above-named facility

_____ The dive leader conducts the activity under the auspices and direction of the retailer.

_____ I (we) have had ample opportunity to discuss the risks of this activity with the dive leader and choose to have my (our) child participate in this activity.

_____ As the parent(s)/legal guardian(s), of the above-named child I (we) am (are) the only one(s) that understand(s) my (our) child's academic skill and physical ability to participate in this activity.

_____ It is our responsibility as parent(s)/legal guardian(s), as well as the responsibility of the dive leader, to evaluate my (our) child's ability to continue in and complete this activity. I (we) fully understand that this in a joint activity between myself (ourselves) and the dive leader.

_____ I (we) and my (our) child have viewed and understand the Risk Awareness for Children's video.

_____ I (we), after having been fully apprised of the inherent risks and hazards associated with this activity insofar as my (our) child's participation is concerned, realize that there is a risk of bodily injury, death, failure to rescue and property damage. I (we) through my (our) signature and initials on this document specifically agree to release DiVentures and Concept Systems, Inc. of all responsibility for any risk of bodily injury, death failure to rescue or property damage incurred as a result of my (our) child's participation, now and forever, whether foreseen or unforeseen. Further, I (we) agree to release and hold harmless Concept Systems, Inc. and the dive leader and dive facility identified above, from any claim, suit or damages of any sort, including death or injury caused by the negligence of the dive leader and facility.

_____ I (we) hereby separately and contractually agree to indemnify, save and hold harmless, and not to sue the releasees, Concept Systems, Inc. and its officers and directors, for any loss, liability, damage or costs that may incur, now and forever, arising out of or related to participation by my (our) child in this activity.

_____ I (we) have read the agreement and fully understand that is contractual in nature and that I (we) fully understand the terms herein. I (we) understand that I (we) have given up substantial rights by signing it, am (are) aware of its legal consequences and have signed this document freely and voluntarily without inducement, assurance or guarantee of being made to me (us). I (we) understand that my (our) execution of this document constitutes a contract between myself (ourselves), the dive leader and facility, as well as Concept Systems, Inc. which is binding upon me (us).

_____ I have had as opportunity to thoroughly review and contemplate the legal ramifications in signing this document.

Mother's Name: _____ **Signature:** _____ **Date:** _____

Father's Name: _____ **Signature:** _____ **Date:** _____

Guardian's Name: _____ **Signature:** _____ **Date:** _____

Student

(Please print legibly)

Name _____ Birth Date _____ Age _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone () _____ Business Phone () _____

Telex _____ FAX _____

Name and address of your family or primary care physician:

Physician _____ Clinic/Hospital _____

Address _____ Phone () _____

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____ Phone () _____

Were you ever required to have a physical for diving? Yes No If so, when? _____

Physician

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

Physician's Impression:

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks _____

I have reviewed Guidelines for Recreational Scuba Diver's Physical Examination.

_____, M.D. Date _____
Physician's Signature

Physician _____ Clinic/Hospital _____

Address _____ Phone () _____