



SCUBA INFORMATION

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

AGE: ___ PHONE: _____ BIRTH: _____ [] MARRIED [] SINGLE [] MALE [] FEMALE

HT: ___ WT: ___ EYES: _____ HAIR: _____ REFERRED BY: _____

I understand that diving can be a demanding and exacting sport requiring a commitment of time, money cooperation and practice. I understand that the instructor must determine my competence as a safe diver and that I may not be awarded certification if my performance is not satisfactory and all requirements have not been met. I hereby affirm that I am aware of the basic risks of the sport. In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with this course for any harm, injury or damage which may befall while I am enrolled as a student of the course and as a diver after I have received my scuba certification and affirm that neither my instructor nor the facility where the course is taught may be held liable in any way for any occurrence in connection with this diving class.

Student Signature: _____ Date: _____ Email: _____

- | | |
|--|---|
| <input type="checkbox"/> Class 1 – Introduction & Pressure | <input type="checkbox"/> Inflate B.C. |
| <input type="checkbox"/> Class 2 – Habits and Equipment | <input type="checkbox"/> Mask Clearing |
| <input type="checkbox"/> Class 3 – Decompression | <input type="checkbox"/> Weight Belt Drill |
| <input type="checkbox"/> Class 4 – Rescue & oceanography | <input type="checkbox"/> Entries and Exits |
| <input type="checkbox"/> Class 5 – Marine Life & Review | <input type="checkbox"/> Breathing Underwater |
| <input type="checkbox"/> Final Test Score _____ | <input type="checkbox"/> Regulator Clearing |
| <input type="checkbox"/> Watermanship _____ | <input type="checkbox"/> Exhale without Regulator |
| <input type="checkbox"/> Snorkel Use | <input type="checkbox"/> Gauge Monitoring |
| <input type="checkbox"/> Surface Resting | <input type="checkbox"/> Buoyancy Control |
| <input type="checkbox"/> Fin Kicks | <input type="checkbox"/> Tank Handling |
| <input type="checkbox"/> Surface Dives | <input type="checkbox"/> Octopus Use |
| <input type="checkbox"/> Equipment Hook-up | <input type="checkbox"/> Underwater Without Mask |
| <input type="checkbox"/> Equalizing Air Spaces | <input type="checkbox"/> Emergency Ascent |

I feel that I have performed the above skills and that I understand the above listed concepts well enough to qualify for an Open Water Scuba Certification Experience.

STUDENT SIGNATURE: _____ DATE: _____

I certify that this student has properly completed all pool and classroom sessions and is prepared to continue a certification program by participating in the Open Water Experience.

SIGNATURE: _____ DATE: _____

Dr. T. Lee Burnham Instructor – PDIC Instructor Trainer # IT71