



SCUBA REGISTRATION

NAME: _____ **Today's Date:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

AGE: ____ **BIRTH:** _____ **MARRIED** **SINGLE** **MALE** **FEMALE**

HT: ____ **WT:** ____ **PHONE:** _____ **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: _____

Parent Signature if a minor: _____

- | | |
|--|---|
| <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 quality for an Open Water Scuba Certification Experience.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE (if a minor) _____

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.

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

SIGNATURE: _____ **DATE:** _____

Rocky Mountain Aquatics - 2096 Hazelwood Way, Salt Lake City, Utah 84121 - 801-278-3483

Entered into Database Open Water Completed Certification Sent to PDIC

ROCKY MOUNTAIN AQUATICS OPEN WATER EXPERIENCE

NAME: _____ AGE: _____ BIRTHDATE: _____ PHONE: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

HT: _____ WT: _____ LOCATION: _____ TEMP: _____

I understand the training requirements for this course and have successfully completed all the certification requirements. I am adequately prepared to dive in the local area under conditions similar to those in which I was trained. I realize that additional training is required for participation in specialty diving activities, in other geographic areas, and after periods of inactivity that exceed six months. I agree to abide by all safe diving practices.

Signed: _____ Date: _____

I certify that this student has been trained to a proficiency level acceptable for certification and has completed all requirements including Open Water Training.

Signed: _____ Instructor #: _____ Date: _____

DIVE #1	DONE 	DIVE #4	DONE
Gear Check	[]	Getting Ready	[]
Getting Ready	[]	Entry	[]
Entry	[]	Compass Snorkel	[]
Surface Dive	[]	Buoyancy Control	[]
Snorkeling	[]	Buoyant Emergency Ascent	[]
Kicking	[]	Vest Ascent with Hover	[]
Buddy Contact	[]	Surface Work	[]
Buoyancy Check	[]	Buddy Contact	[]
		Control	[]

Signed: _____ Date: _____ Signed: _____ Date: _____

DIVE #2		DIVE #5	
Gear Check	[]	Gear Check	[]
Getting Ready	[]	Getting Ready	[]
Surface Work	[]	Descent	[]
Line Descent	[]	Buddy Contact	[]
Regulator Clearing	[]	Compass Navigation	[]
Mask Clearing	[]	Mask Removal	[]
Neutral Buoyancy	[]	Buoyancy Control	[]
Octopus Use	[]	Vest Ascent	[]
Buddy Contact	[]	Control	[]
Swimming Ascent	[]		

Signed: _____ Date: _____ Signed: _____ Date: _____

Dive #3		I have accomplished all of the skills listed above:	
Surface Work	[]	_____	_____
Free Descent	[]	Student	Date
Buoyancy Control	[]	Approved by:	
Emergency Ascent	[]	_____	_____
Octopus Ascent	[]	Instructor	# Date
Vest Ascent	[]		
Buddy Contact	[]		
Control	[]		
Signed: _____	Date: _____		

Rocky Mountain Aquatics – PDIC Training Center
801-278-3483