## SCUBA TRAINING INTERNATIONAL

## **APPLICATION FOR TRAINING**

NAME					
last		first		M.I.	
ADDR	RESS:		CITY		
STATE:ZIP CODE:		GEN	IDER:Male	Female	
AGE:_	EMAIL:		PHONE: (	_)	
IN CASE OF EMERGENCY, PLEASE NOTIFY :		:	PHONE:		
YOUR DOCTOR:			DR. PHONE:		
DESC	RIBE YOUR PREVIOUS DIVING EXPER				
	CAL HISTORY: Diving can be very dem ng conditions that might impact your traini	anding physically,	and mentally. Plea		
<b>□</b> 1.	Frequent medical problems	<b>□</b> 17.	Ear (pain, rupture)		
<b>2</b> .	Recent illness	<b>1</b> 8.	Altitude change ea	r pain	
<b>□</b> 3.	Operations	<b>1</b> 9.	Hearing loss		
<b>4</b> .	Physical handicaps	<b>2</b> 0.	Rheumatic fever		
<u></u> 5.	Mental problems	<b>1</b> 21.	Heart trouble		
<b>□</b> 6.	Medications taking	<b>22</b> .	Chest pain		
<b>□</b> 7.	Allergies	<b>2</b> 3.	Epilepsy, convulsion	ons	
□8.	Respiratory problems	<b>2</b> 4.	Diabetes		
<b>_</b> 9.	Hay fever, Asthma	<b>2</b> 5.	Dizziness/motion s	ickness	
<u> </u>	Breathing thru nose	<b>2</b> 6.	Claustrophobia		
<u> </u>	Shortness of breath	<b>2</b> 7.	Panic easily		
<u> </u>	Persistent cough	<b>2</b> 8.	Glasses/contacts		
<b>□</b> 13.	Frequent colds	<b>2</b> 9.	Smoker		
	for	office use only			
Notes:					

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## do hereby affirm and acknowledge that I have been fully informed of the risks associated with scuba diving and all activities related thereto. Despite the potential hazards and dangers related to the activity of diving, I wish to proceed and I freely accept and expressly assume all risks, dangers, and hazards that may arise from diving activities. RELEASE OF LIABILITY, WAIVER OF ALL CLAIMS In consideration of being allowed to participate in SCUBA Diving as well as the use of any facilities, use of equipment of the instructors or companies associated with SCUBA Training International. I hereby agree to hold the release's, officers, directors, employees, representatives, agents, and volunteers from all liability and responsibility, what so ever for any claim or cause of action that I, my estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death arising from SCUBA diving activities. I hereby declare that I am of legal age and am competent to sign this agreement or my parent or guardian shall sign on my behalf.

Date

signature