

SEATTLE / SAN FRANCISCO
SCUBA SCHOOLS
THE SCUBA SCHOOLS GROUP

WWW.SEATTLESCUBA.COM
WWW.SFSCUBASCHOOLS.COM

PHONE: SEATTLE: 206-374-2937
SAN FRANCISCO: 415-449-3412
SAN JOSE: 408-351-4442
MAUI: 808-442-0769

EMAIL: CRAIG@SEATTLESCUBA.COM

IMPORTANT INFORMATION: PLEASE READ

Thank you for choosing Scuba Schools with which to do your dive training. I'm happy to have you join us.

Following you will find a set of registration materials. **Please print a copy for each diver, complete the materials and mail or fax them back to us. We cannot confirm you into our program till all registration forms have been received and payment has been submitted.** Failure to complete and return all registration forms may result in the diver being unable to participate in the scheduled water training sessions.

Please complete all materials and fax them to any of the following numbers or mail them to: Scuba Schools, 921 E. 61st. Street, Tacoma, WA 98404. (Fax Numbers: Seattle; 206 374 2937, San Francisco; 415 449 3412, San Jose; 408 351 4442)

In the registration forms is a medical questionnaire. **If you can answer "NO" to all questions, you do not need to consult a physician prior to dive training. If it is necessary for you to answer "YES" to any question, it is required that you get your physicians written authorization to dive prior to the water training. If you need to consult your physician, please submit all forms to us and let us know that the physicians statement will be coming at a later date. We must have the physicians statement, authorizing you to dive, prior to the start of any water training.**

I look forward to assisting you in getting started in diving.

Respectfully:
Craig A. Gillespie
Master Instructor
The Scuba Schools Group
www.seattlescuba.com
www.sfscubaschools.com

WHERE THE ADVENTURE BEGINS!
SEATTLE / SAN FRANCISCO
MONTEREY - MAUI - OAHU - KAUAI - KONA

Student Registration Form

Name: _____ Date of Birth: _____

Month/Day/Year

Committing to the terms listed below : _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____

Cell Phone: _____ Fax: _____

Email: _____

Height: _____ Weight: _____ Shoe Size: _____ Circle One: Female Male

COURSE DESCRIPTION:*Knowledge Review Quizzes must be completed prior to the start of class.***Class & Pool Dates:** _____Location: Seattle Monterey Marin San Jose Pacifica _____
Other _____**Dive Dates:** _____Location: Seattle Monterey Maui Oahu Kauai Kona _____
Other _____

In signing, I agree to the terms stated herein, and accept full financial responsibility for this program. I am aware of all equipment rental, purchase and study requirements for the above class. **I understand that because of space limitations and instructor and facility commitments, that registration and tuition fees are due in full at time of registration. Cancellation 14 days or more prior to the scheduled training dates will be eligible for a refund of the tuition portion of the program. A cancellation fee of 10% of tuition per diver will be assessed. Cancellation within 14 days of the scheduled training dates are not refundable, but may be transferred to other class dates on a standby, space available basis. Rescheduled training dates cannot be confirmed till 5 days prior to the new program dates.** I understand that attendance and satisfactory completion of all sessions of the course is required for me to be "Certified", and that PADI Standards require that ocean (Open Water) training be completed within one (1) year of completing the academic and pool training. I understand that training dive dates and locations may at times need to be rescheduled due to environmental conditions. Necessary rescheduling is at the sole discretion of Scuba Schools staff and instructors.

Student Signature: _____ Date / /

Parent or Guardian: _____ Date / /

(If Student is under 18 years of age.)



MEDICAL STATEMENT



Participant Record (Confidential Information)

www.padi.com

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by _____ and
Instructor
_____ located in the
Facility
city of _____ and state of _____.

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba-training program. If you are a minor, you must have this Statement signed by a parent.

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, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the instructor before participation in this program. You 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. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your instructor before signing.

MEDICAL HISTORY

To the Participant:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

_____ Could you be pregnant or are you attempting to become pregnant?

_____ Do you regularly take prescription or nonprescription medications?
(with the exception of birth control)

_____ Are you over 45 years of age and have one or more of the following?

- currently smoke a pipe, cigars, or cigarettes
- have a high cholesterol level
- have a family history of heart attacks or strokes

Have you ever had or do you currently have . . .

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

_____ Frequent or severe attacks of hayfever or allergy?

_____ Frequent colds, sinusitis or bronchitis?

_____ Any form of lung disease?

_____ Pneumothorax (collapsed lung)?

_____ History of chest surgery?

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

_____ Behavioral health problems?

_____ Epilepsy, seizures, convulsions or take medications to prevent them?

_____ Recurring migraine headaches or take medications to prevent them?

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

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

_____ History of diving accidents or decompression sickness?

_____ History of recurrent 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 (example: walk one mile within 12 minutes)?

_____ History of high blood pressure or take medicine to control blood pressure?

_____ History of any heart disease?

_____ History of heart attacks?

_____ Angina or heart surgery or blood vessel surgery?

_____ History of ear or sinus surgery?

_____ 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?

_____ History of drug or alcohol abuse?

The information I have provided about my medical history is accurate to the best of my knowledge.

Participant's Signature

Date (day/month/year)

Signatures of Parent or Guardian (where applicable)

Date (day/month/year)

STUDENT

Please print legibly.

Name _____ Birth Date _____ Age _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (____) _____ Business Phone (____) _____

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 (day/month/year)

Physician _____ Clinic/Hospital _____

Address _____

Phone (____) _____

STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____, understand that as a diver I should:
(Print Name)

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.

2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave diving unless specifically trained to do so.

3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.

4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities.

5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation, and emergency procedures – with my buddy.

6. Be proficient in dive-table usage. Make all dives no-decompression dives and allow a margin of safety. Have a means to monitor depth and time under water. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute.

7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while under water. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.

8. Breathe properly for diving. Never breath hold or skip breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and under water and dive within my limitations.

9. Use a boat, float, or other surface support station whenever feasible.

10. Know and obey local diving laws and regulations, including fish-and-game and dive-flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

Seattle/San Francisco Scuba Schools

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I have been advised and thoroughly
Participant Name

informed of the inherent hazards of skin diving and scuba diving. Further, I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open-water diving trips, which are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor, Craig Gillespie, Seattle/San Francisco Scuba Schools, or International PADI, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents or assigns, (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said course and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this diving course, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND
Participant Name

RELEASE MY INSTRUCTOR, CRAIG GILLESPIE, SEATTLE/SAN FRANCISCO SCUBA SCHOOLS, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable) Date (Day/Month/Year)