



# DIVETECH, INC. DOLPHIN TRAVEL



## Registration and Open Water SCUBA Course Agreement

### Student Profile:

Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred By: \_\_\_\_\_

Do you have any previous Diving Instruction/Experience? \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Open Water SCUBA Course Agreement		Check
<b>Tuition:</b>	Tuition covers all scheduled classroom, pool and open water sessions only. Course must be completed within six months of this agreement	
<b>Requirements:</b>	<ul style="list-style-type: none"> <li>• Complete registration documents, including liability and medical releases, and turn in at Divetech, Inc.'s store location.</li> <li>• Prior to program: Every student will need to complete the SSI Digital Education System.</li> <li>• Attend all scheduled class and pool sessions, and pass the final exam.</li> <li>• All students must complete a 200-yard swim and a 10-minute float/tread prior to the end of the course.</li> <li>• The course consists of two classroom sessions, two pool sessions and two days of open water sessions.</li> <li>• Submit a digital photo or have one taken at time of registration.</li> </ul>	
<b>Learning Materials:</b>	Each student will need to complete, the SSI Digital Education System prior to chosen class start date.	
<b>Equipment:</b>	Each student will need to purchase all personal and basic course equipment: SCUBA mask, snorkel, fins, boots, weight belt, weights, and mask defog and two mouthpieces.	
<b>Open Water</b>	<ul style="list-style-type: none"> <li>• Student will be responsible to transport BCD, Regulator, Tank and Exposure Protection if needed to and from the open water facility. <b>(Should students need Wetsuits, Divetech does have them to rent for the Open Water dives).</b></li> <li>• Student is responsible for own transportation and entry fees to the open water venue.</li> <li>• <b>Student will be responsible for required air fills during open water training and will return the tanks full or pay to have tanks filled.</b></li> <li>• <b>Air cylinders must be returned full. A \$15.00 fee applies if the tank needs to be filled.</b></li> </ul>	
<b>Junior Divers:</b>	All minors must be accompanied by parent or guardian during all pool and open water certification sessions.	
<b>Refunds and Rescheduling:</b>	<b>There are no refunds on classes. Schedule change fees are as follows:</b> <ul style="list-style-type: none"> <li>\$75.00 per session</li> <li>\$75.00 One week prior to start date</li> <li>\$100.00 Week of Class</li> </ul>	

Class Program Selected: \_\_\_\_\_ Start Date: \_\_\_\_\_

**SCUBA is a "Performance Based" activity. If you are unable to meet the requirements during the scheduled sessions, additional training and/or repeats may be arranged. A \$75/hour fee may be assessed for the additional training. Student is responsible for any additional fees and costs that may be incurred by the student such as entry fees to the open water venues.**

**I have read, understand and agree to abide by the OPEN WATER SCUBA COURSE AGREEMENT above.**

Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Student Parent or Guardian (if under 18)

# Medical Statement

PARTICIPANT RECORD — CONFIDENTIAL INFORMATION

**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:

(INSTRUCTOR) \_\_\_\_\_  
and (FACILITY) DiveTech, Inc.  
located in the city of Houston  
and state of Texas.

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 pre-existing 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 medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant?  | <input type="checkbox"/> Any form of lung disease?  | <input type="checkbox"/> Head injury with loss of consciousness in the past five years?                |
| <input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) | <input type="checkbox"/> Pneumothorax (collapsed lung)?   | <input type="checkbox"/> Recurrent back problems?  |
| <input type="checkbox"/> Are you over 45 years of age and can answer YES to one or more of the following?                          | <input type="checkbox"/> Other chest disease or chest surgery?  | <input type="checkbox"/> Back or spinal surgery?   |
| <input type="checkbox"/> currently smoke a pipe, cigars, or cigarettes   | <input type="checkbox"/> Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)? | <input type="checkbox"/> Diabetes?   |
| <input type="checkbox"/> have a high cholesterol level   | <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them?                               | <input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture?              |
| <input type="checkbox"/> have a family history of heart attacks or strokes   | <input type="checkbox"/> Recurring migraine headaches or take medications to prevent them?                                  | <input type="checkbox"/> High blood pressure or take medication to control blood pressure?             |
| <input type="checkbox"/> are currently receiving medical care  | <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)?  | <input type="checkbox"/> Heart disease?  |
| <input type="checkbox"/> high blood pressure   | <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?                        | <input type="checkbox"/> Heart attack?   |
| <input type="checkbox"/> diabetes mellitus, even if controlled by diet alone   | <input type="checkbox"/> Dysentery or dehydration requiring medical intervention?   | <input type="checkbox"/> Angina, heart surgery or blood vessel surgery?                                |
|  | <input type="checkbox"/> Any dive accidents or decompression sickness?  | <input type="checkbox"/> Sinus surgery?  |
|  | <input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?            | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance?                |
|  |   | <input type="checkbox"/> Recurrent ear problems?   |
|  |   | <input type="checkbox"/> Bleeding or other blood disorders?  |
|  |   | <input type="checkbox"/> Hernia?   |
|  |   | <input type="checkbox"/> Ulcers or ulcer surgery?  |
|  |   | <input type="checkbox"/> A colostomy or ileostomy?   |
|  |   | <input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years? |

### 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?

**The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURES OF PARENTS OR GUARDIANS WHERE APPLICABLE \_\_\_\_\_

DATE \_\_\_\_\_



# DIVETECH, INC. DOLPHIN TRAVEL



## CREDIT CARD AUTHORIZATION FORM

(Please print legibly to ensure timely processing. Required field with \*\*)

**\*\*Cardholder's Name:** \_\_\_\_\_

**Master Card**    **VISA**    **American Express**    **Bank Debit Card**

**\*\*Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_   **\*\*Expiration Date:** \_\_\_\_\_

**\*\*Security Code:** \_\_\_\_\_

(VISA & MC: last three digits printed on the signature panel)

(AMEX: printed above the card #)

**\*\*Card Issuing Bank Phone No:** ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

(Telephone Number Is Printed On the Back of Card)

**Billing Address** (Where you receive your credit card statement):

**\*\*Street:** \_\_\_\_\_

**City:** \_\_\_\_\_   **State:** \_\_\_\_\_   **\*\*Zip Code:** \_\_\_\_\_

**Authorization:** I authorize Divetech, Inc. to charge my card for class registration(s)/order(s)/invoice(s). I agree to pay the credit card charge(s) in accordance with the Card Issuer Agreement. I understand that there would be a delay in class reservation or of shipment of goods if the card is declined or otherwise incurred difficulty during processing.  
Note: The signer of this statement **MUST** be the named cardholder.

**\*\*Signature:** \_\_\_\_\_   **\*\*Date:** \_\_\_\_\_

To complete the processing of your class registration/order, send this form along with your class registration form/order to the address listed below OR email to [theshop@divetechhouston.com](mailto:theshop@divetechhouston.com).