



DIVETECH, INC. DOLPHIN TRAVEL



Registration and 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: _____

SCUBA Course Agreement		Check
Junior Divers:	All minors must be accompanied by parent or guardian during all pool and open water certification sessions.	
Tuition:	Tuition for Open Water Diver covers the SSI Digital Material, two-scheduled classroom, two-scheduled pool, and two-scheduled open water sessions only. Format will vary per course. Must complete course within six months of agreement.	
Requirements:	<ul style="list-style-type: none"> Complete the registration documents, including liability waiver, and the Diver Medical Questionnaire, and turn in at Divetech, Inc.'s store location in person or via email. Prior to classroom date: Every student will need to complete the SSI Digital Education System. Attend all scheduled class and pool sessions, and pass the final exam. All students must complete a 200 yard swim and a 10 minute float/tread prior to the end of the course. The complete course consists of self-paced digital material, two classroom sessions, two pool sessions, a final exam, and two days of open water sessions. 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 \$75.00/hour fee may be assessed for the additional training. Submit a digital photo or have one taken at the time of registration, certification cannot be provided without it. 	
Learning Materials:	Each student will need to complete the self-paced SSI Digital Education Material prior to the chosen class start date.	
Equipment:	Each student will need to purchase all personal and basic course equipment: SCUBA grade mask, snorkel, SCUBA fins, boots, weight belt, weights, surface marker buoy, two mouthpieces, whistle, and mask buff and defog.	
Open Water:	<ul style="list-style-type: none"> Student will be responsible to transport BCD, Regulator, Tank, and Exposure Protection, if needed, to and from the open water facility. (Should students need wetsuits, Divetech does have them available for the Open Water dives.) Student is responsible for own transportation and any additional fees and costs that may be incurred by the student such as entry fees to the open water venues. Students will be responsible for air-fills during open water training, free of charge at Divetech during training, and will not return the tanks with less than 500 psi. Otherwise, a cylinder visual inspection fee, at a rate of \$22.50, plus tax, per incident, will be incurred by the student. 	
Refunds and Rescheduling:	<p>There are no refunds on classes. Schedule changes are as follows: \$100.00 per session.</p> <p>Course changes, initiated by the student, are as follows: \$125.00 one week prior to start date or \$200.00 during the week of the class.</p> <p>No class reservations allowed unless class has been fully paid for.</p>	
Digital Footprint:	Upon request, availability, and for a fee, we are able to take pictures or film the class for your posterity, relive your experience, or just to review your own performance. By agreeing, we will also, from time to time, be adding this collected media to our digital footprint signage.	

Class Program Selected: _____ Start Date: _____

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

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



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

This is the abridged version of the Diver Medical form. If you answer yes to any of questions below, please ask for the full Diver Medical form having three pages.

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, do not dive.

1	I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes Go to Box A	No
2	I am over 45 years of age.	Yes Go to Box B	No
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes *	No
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes Go to Box C	No
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes *	No
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes Go to Box D	No
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes Go to Box E	No
8	I have had back problems, hernia, ulcers, or diabetes.	Yes Go to Box F	No
9	I have had stomach or intestine problems, including recent diarrhea.	Yes Go to Box G	No
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes *	No

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthday (dd/mm/yyyy)

Instructor Name (Print)

Divetech, Inc.

Facility Name (Print)

* If you answered YES to questions 3, 5 or 10 above OR to any of the questions on page 2, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.



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.