

# DIVETECH LLC & DOLPHIN TRAVEL

5325 CORNISH STREET  
HOUSTON TX 77007  
PHONE: (713) 973-2946  
EMAIL: SUPPORT@DIVETECHHOUSTON.COM



WWW.DIVETECHHOUSTON.COM

Office Use Only:

PD  
PIC  
ODIN  
EQ  
MP  
Reg#  
BC#

## Registration and General SCUBA Course Agreement

### Student Profile Registration:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Prior Diving Experience? \_\_\_\_\_ When: \_\_\_\_\_ If SSI Cert'd, please provide MID#: \_\_\_\_\_

General SCUBA Course Agreement		Check
Junior Divers:	All minors, under 18, must be accompanied by a parent or guardian during all classroom, pool, and open water certification sessions.	
Equipment Requisites:	WITHOUT EXEPTION, every and each student must own or purchase their personal SCUBA gear. <ul style="list-style-type: none"> <li>For level 1, Open Water Diver, this personal equipment includes a SCUBA grade mask, snorkel, SCUBA grade fins, boots, weight belt, weights, safety marker buoy (SMB), two mouth pieces, whistle, mask buff and defog.</li> <li>For level 3, Advanced Open Water Diver, the equipment needed are a compass, finger spool, slate, primary light of at least 1000 lumens.</li> <li>For React Right and Stress and Rescue, the equipment needed are a PPE CPR mask.</li> <li>Other Continued Education Diving Programs might require a variety of additional equipment or gear according to the selected program. Plan and be prepared to aquire it.</li> </ul>	
Tuition:	<u>Open Water Diver:</u> Tuition for Open Water Diver covers the enrollment into the selected SSI Course Program; access to the Course Program digital material; six hours of academic review divided into two three-hour classroom sessions; six hours of confined water training divided into two three-hour pool sessions; four open water evaluations divided into two days during a weekend. It also includes the rental of a regulator, BCD, and tank through the duration of the enrolled class. Must complete Course Program within six months of agreement. <u>Other Diving Programs:</u> Tuition, enrollment, self-paced online digital material, academic sessions, practical/pool sessions, and open water evaluations for other diving programs will vary according to the selected program's requisites.	
Certification Requisites:	<ul style="list-style-type: none"> <li>Complete the registration documents, including liability waiver, Diver Medical Questionnaire, and turn in at Divetech in person or via email.</li> <li>Attend and complete all of the digital material, scheduled classroom (6 hours), pool sessions (6 hours), pass the final exam, and four open water evaluations.</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>SCUBA is a "Performance Based" activity. If you are unable tto meet the requirements during the scheduled sessions, additional training may be arranged. A \$150.00/hour fee will be incurred for the additional training.</li> <li>Submit a digital photo or have one taken during registration as certification is not possible without it.</li> <li>Log your open water dives into the SSI app.</li> </ul>	
Learning Materials:	Each student will be responsible for the completion of the self-paced SSI Online Digital Course Material prior to the chosen class start date. It is to your benefit and that of your fellow classmates thoroughly completing the online material.	
Open Water Evaluations:	<ul style="list-style-type: none"> <li>Student is responsible to transport a rented BCD, Regulator, Tank, and Wetsuit to and from the open water facility.</li> <li>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 venue(s).</li> <li>Student is responsible for air fills during open water training at the open water venue. Or student may choose to stop at Divetech for a free air fill.</li> </ul>	
Cleaning Fees:	Rented equipment needs to be returned clean, rinsed, (and for the BCD, drained), otherwise cleaning of equipment will be charged at \$50.00 per item if store cleaning is required. Tanks must be returned with a minimum of 500 PSI full, otherwise a visual inspection will be charged at \$45.00 per tank.	
Refunds and Reschedule:	<b>NO REFUNDS, at all, on classes.</b> No class reservations are allowed unless class has been fully paid for. On scheduled group classes, any schedule or course changes initiated by the student, one week prior to the class, will incur a change fee of \$150.00. On scheduled group classes, any schedule or course changes during the week of the class will incur a change fee of \$300.00.	

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

I have read, understand, and agree to abide by the General SCUBA Course Agreement above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## 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 LLC & DOLPHIN TRAVEL

5325 CORNISH STREET  
HOUSTON | TX 77007  
PHONE: (713) 973-2946  
EMAIL: SUPPORT@DIVETECHHOUSTON.COM



WWW.DIVETECHHOUSTON.COM

## Credit Card Authorization Form

(Please print legibly to ensure timely processing. Required fields are marked with an \*).

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

Card Type (MC, Visa, Amex, etc.): \_\_\_\_\_

\*Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_

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

(Visa & MC: Last three digits printed on the signature panel. Amex: digits printed above the card #).

\*Card Issuing Bank Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

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

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

**Authorization:** I authorize Divetech LLC to charge my credit card for class registration(s)/existing or phone 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 delivery of goods if the card is declined or otherwise incurred difficulty during the credit card processing.

Note: The signer of this statement MUST be named cardholder.

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

In order to complete the processing of your class registration/order, send this form along with your class registration and the medical forms to either of the following email addresses: theshop@divetechhouston.com, edward@divetechhouston.com, or rick@divetechhouston.com