

HOLLYWOODIVERS.COM INC



Class Registration Form

Name:	
Address:	
City & State:	Zip Code:
Home Phone:	Cell Phone:
Email:	Class Desired:
Date of Birth:	Desired Start Date:
Height: Weight:	How did you hear about us:
Emergency Contact:	Phone:

List any other must know information (Referral, Trip, etc) _____

Please initial each line below after you read

Certification agreement

1. I promise to show up to my sessions on time, with a clear head and all my equipment in hand. I understand that the instructor is not responsible for training me **if I am hungover, missing required gear or late**. Make up sessions of dives are billable at \$100.00 per hour (min 2.5hrs) payable through HOLLYWOODIVERS.COM INC register only. _____
2. If I forget any required gear and rent it at the dive site, these fees are not covered by HOLLYWOODIVERS.COM INC. It is not the Instructors duty to bring extra gear to the site. _____
3. HOLLYWOODIVERS.COM INC rentals are subject to rinse fees (\$20 per item) and late fees. Please bring your rentals back no later than two days after your class finishes. Bring it back clean. No Sand or Dirt. No Smell. Wet is okay. Thanks. _____
4. Please take precautions against Rental gear theft. If the Rental gear is lost or stolen, I am responsible for gear replacement fees. _____
5. I promise not to use the gear without supervision of my scuba instructor. _____
6. I understand this class is a group class and I should make every effort to be suited up and prepared to dive when the majority of the class agrees to be suited up. _____
7. I understand that weather is unpredictable and the instructor or boat captain has final discretion over diving activities. If conditions are deemed unsafe, it is for your protection and a make up day will need to be scheduled with the group. _____
8. **I understand I am not paying for a certification card.** I will be evaluated on academic, pool and open water skills. Even though I attend and pay for all segments of training a certification is not guaranteed. I must pass the class with a level of comfort in the water. _____
9. I will prepare for the pool session by breathing in through my snorkel and exhaling through my nose while my face is submerged in water, with no mask. Sink or bathtub ok. _____
10. If I do not dive within 6 months of my certification or 6 months have elapsed between diving. I will take a refresher course from any scuba shop to help me remember proper diving technique and safe practices. _____

Store Personnel Use Only

Class paid ____ Date _____ Referral ____ Refresher ____ Has course materials ____ Deposit ____

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 _____ and
Instructor
 _____ located in the
Facility
 city of _____, state/province of _____

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

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should 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 coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also 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 Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

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 prior to engaging in dive activities.

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

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)?
- _____ Other chest disease or chest surgery?
- _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them?
- _____ Recurring complicated migraine headaches or take medications to prevent them?
- _____ Blackouts or fainting (full/partial loss of consciousness)?
- _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

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 an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- _____ Dysentery or dehydration requiring medical intervention?
- _____ Any dive accidents or decompression sickness?
- _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- _____ Head injury with loss of consciousness in the past five years?
- _____ Recurrent back problems?
- _____ Back or spinal surgery?
- _____ Diabetes?
- _____ Back, arm or leg problems following surgery, injury or fracture?
- _____ High blood pressure or take medicine to control blood pressure?
- _____ Heart disease?
- _____ Heart attack?
- _____ Angina, heart surgery or blood vessel surgery?
- _____ Sinus surgery?
- _____ Ear disease or surgery, hearing loss or problems with balance?
- _____ Recurrent ear problems?
- _____ Bleeding or other blood disorders?
- _____ Hernia?
- _____ Ulcers or ulcer surgery?
- _____ A colostomy or ileostomy?
- _____ Recreational drug use or treatment for, or alcoholism in the past five years?

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

Signature of Parent or Guardian

Date