

Student Info:

Personal and Confidential

Print Clearly



Name: _____ Birth Date: _____
Last / Family / Surname First / Given Initial Day / Month / Year

Address: _____

M F

Single

Married

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____ Daytime Phone: _____

Email: _____

Occupation: _____ Referred by: _____

Emergency Contact:



Name: _____

Address: _____

Name: _____

Address: _____

Relationship: _____

Home Phone: _____

Work/Cell Phone: _____

Relationship: _____

Home Phone: _____

Work/Cell Phone: _____



How did you hear about our scuba courses or our dive center?

- Friend/Family member
- Internet
- Facebook
- Instagram
- Radio
- Other _____



Are you already a certified diver? If so provide the following

- I am not already certified

Certification Agency: _____

Certification Level: _____

Certification Number: _____

Last Dive Date? _____

Last Dive Location? _____



Newsletter:

Do you wish to join our newsletter and stay up to date on dives, classes, and some pretty cool stuff?

- Yes Keep me updated
- No, I am not interested

Email if different from above: _____

Did you Know?

Florida Dive Company has social media and a private dive club, please follow us and request to join.



@floridadivecompany

Facebook Private Group: Florida Dive Club



@floridadivecompany

INTERNATIONAL TRAINING



Gear Size:

BCD _____

Regulator _____

Wetsuit _____

Florida Dive Company
Instructor Only

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name SDI Inst #

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name SDI Inst #

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name SDI Inst #

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name SDI Inst #

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name SDI Inst #

SDI Open Water Diver Record and Global Referral Form

Student Info

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Country: _____ Phone: _____
 Fax: _____ E-mail: _____
 Sex: M F Age: _____ Birth Date: _____ / _____ / _____
Day / Month / Year

Academic Sessions

	Knowledge Review Completed (dd/mm/yy)	Student Initials	Instructor Initials	Comments
Chapter 1	___/___/___	_____	_____	
Chapter 2	___/___/___	_____	_____	
Chapter 3	___/___/___	_____	_____	
Chapter 4	___/___/___	_____	_____	
Chapter 5	___/___/___	_____	_____	

-OR- This student completed the SDI eLearning course: ___/___/___
Day / Month / Year

Confined Water Sessions

	Date Completed (dd/mm/yy)	Student Initials	Instructor Initials	Comments
CW Session 1	___/___/___	_____	_____	
CW Session 2	___/___/___	_____	_____	
CW Session 3	___/___/___	_____	_____	
CW Session 4	___/___/___	_____	_____	
CW Session 5*	___/___/___	_____	_____	(*Optional)
Swim Test 200 meters or 300 meters snorkel	___/___/___	_____	_____	
Float Test 10 Minute Survival Float	___/___/___	_____	_____	

Instructor 1

Confined Water/ Academic Instructor Date: ___/___/___
Day / Month / Year
 Instructor Name: _____
 Instr. # _____ Facility Name: _____
 Phone: _____ Fax or E-mail: _____
The student above has completed all the Academic and Confined Water requirements.
 Signature: _____ Date: ___/___/___
Day / Month / Year

Open Water / Evaluating Instructor MUST:

- ___ Be an **Active Instructor** with an internationally recognized training agency.
- ___ Review students' medical history form.
- ___ Have referring student sign your facility's waiver and release form.
- ___ Evaluate **and** Initial all the required open water skill and dives listed on this form.
- ___ Sign this global referral form.
- ___ Give this original referral form to the student, and retain a copy of this form for your records.

Open Water Sessions

Skill Performance Record for the Global Referral:

	Date Completed (dd/mm/yy)	Student Initials	Instructor Initials	Comments
Scuba System				
___ Assembly & Disassembly				
Pre Dive Check				
___ Self & Buddy				
___ Underwater Communication				
Computer Use				
___ Reading & Understanding Gauges				
Regulator Use				
___ Clearing & Recovery				
Mask Clear				
___ Partial & Full				
BCD				
___ Auto & Oral Inflation				
Entries				
___ Demonstrate 2 types of entries				
Buoyancy Control				
___ Fin Pivot				
___ Hovering				
___ Controlled Ascents				
___ Controlled Descents				
Weight System Adjustment				
___ Removal & Replacement				
Out of Air Emergencies				
___ Alternate Air Source				
___ Share Air with Buddy while making a controlled ascent				
___ Swimming Ascent				
Rescue Techniques				
___ Tired Diver Tow				
___ Cramp Relief				
OW Session 1	___/___/___	_____	_____	
OW Session 2	___/___/___	_____	_____	
OW Session 3	___/___/___	_____	_____	
OW Session 4	___/___/___	_____	_____	
OW Session 5*	___/___/___	_____	_____	(*Optional Dive)

Instructor 2

Open Water/ Evaluating Instructor Date: ___/___/___
Day / Month / Year
 Instructor Name: _____ Instr. # _____
 Training Agency: _____ Facility Name: _____
 Phone: _____ Fax or E-mail: _____
The student above has completed all the Skills and Open Water requirements.
 Signature: _____ Date: ___/___/___
Day / Month / Year

All requirements for certification as a SDI Open Water Scuba Diver have been met - If **BOTH INSTRUCTOR SIGNATURES ARE PRESENT ON THIS FORM** The student is considered a certified open water diver. This signed form is only **VALID FOR 30 DAYS** from the last OW dive that the evaluating instructor signed and dated. This is only a temporary open water certification card until the diver receives their permanent open water c-card.

STUDENT LETTER OF AGREEMENT: The student agrees that all of the academic, confined and open water requirements for this SDI diver course have been successfully fulfilled by the student. As indicated by the signature below, the student is mentally and physically prepared to engage in open water diving activities without the direct supervision of an instructor, provided the area and conditions approximate those in which the diver was trained. In addition, the student recognizes the need for additional training in order to dive under any other circumstances and after periods of diving inactivity.

STUDENT SIGNATURE: _____ **DATE:** ___/___/___
Day / Month / Year





NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

Who should fill out this Addendum and when should it be used:

- 1. The Natural Guardian of any minor (under 18 years of age) at the start of a training course or supervised activity under the: Scuba Diving International, Technical Diving International, or First Response Training International brands.
- 2. The Natural Guardian of a minor (under 18 years of age) participant in a training course or supervised activity taking place in the state of Florida.
- 3. This Addendum *does not replace* the applicable liability release form but is to be used in conjunction with.
- 4. This Addendum must be completed, in conjunction with the applicable liability release form, prior to the start of any training or supervised activity involving a minor in the state of Florida.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF (name of released party or

parties) Great Things Adventures Inc., DBA Florida Dive Company **USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM** (name of released party or parties)Great Things Adventures Inc., DBA Florida Dive Company **IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND** (name of released party or parties) Great Things Adventures Inc., DBA Florida Dive Company **HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

By my signature, I release all claims that both they and I have. No alterations, changes, omissions or revisions may be made.

Print Minors full name _____

Natural Guardian's signature _____ Date: ____/____/____
Day / Month / Year

Printed name of Natural Guardian _____



**UNDERSEA &
HYPERBARIC
MEDICAL
SOCIETY**

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

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 and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
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 <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
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 or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

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)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

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.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego

Great Things Adventures Inc., DBA Florida Dive Company



STUDENT AGREEMENT

PARTIES

This Agreement (hereinafter referred to as the "Agreement") is entered into on _____ (the "Effective Date"), by and between GREAT THINGS ADVENTURES INC., DBA FLORIDA DIVE COMPANY, (hereinafter referred to as the "Company") and _____ (hereinafter referred to as the "Student") (collectively referred to as the "Parties").

CONDITIONS OF AGREEMENT (initial each)

- 1. Student agrees to pay in full, nonrefundable course fee to reserve their place in a class. When student makes payment for training and/or adventure they are holding a space on the calendar that is no longer available to others, as well as reserving an instructor's time.
2. If student is unable to make the dates for scheduled training, they must notify the company within seven days by emailing info@floridadivecompany.com. A private class can be arranged at that time at an additional fee.
3. FAILURE TO ATTEND WITH NOTIFICATION - Student understands that there are no refunds, either partial or total, for failure or inability to attend a class. Either a private class is arranged at an additional fee of \$375, or student is rescheduled where space is available at no fee.
4. NO CALL, NO SHOW - Student understands that there are no refunds, either partial or total, for no shows or cancellations to attend a class. It is understood that this time was reserved for the student and another student may have been refused this time slot. Either a private class is arranged at an additional fee of \$375, or student is rescheduled for a fee of \$150.
5. Dive training is purchased - Certifications are earned. If a student is not attaining a level of proficiency that the instructors feel will result in a safe and knowledgeable diver and all in water training has been exhausted, there will be an additional cost of \$120 per day. It is vitally important to certify a safe and knowledgeable diver, as scuba diving is a recreational sport that does not just impact the diver, but those that are diving with them. We want students to have an enjoyable experience and feel comfortable with their gear and their level of proficiency before embarking on future dive trips.
6. Student agrees that all eLearning must be completed prior to orientation and in water training. If not, a reschedule fee will be applied.
7. Student agrees that in water training days are subject to weather conditions and that if weather conditions impact ability to complete training on a particular day, the day will be rescheduled at no additional charge.
8. Student agrees that they will arrive at the dive sites on time and that late arrivals may impact their ability to enter dive site location. If this happens and student is unable to gain entry a reschedule fee will be applied.
9. BOAT AGREEMENT - Student understands that space is limited on the boat. If a student is unable to attend a scheduled boat dive, they acknowledge the boat fee is non-refundable and will be required to purchase an additional boat trip to complete the course.

RENTAL EQUIPMENT AGREEMENT

Student agrees that equipment rented for class is only to be used under the direct supervision of the company and its staff. It is the student's responsibility to clean the gear at the end of each training session. Additionally, student agrees to compensate, at current retail value, Great Things Adventures, Inc. DBA Florida Dive Company for the loss and/or damage of any or all equipment while in their care for use and/or transportation. YOU WILL BE ASSESSED A CLEANING FEE OF \$50 IF YOU URINATE, DEFECATE OR RETURN OUR GEAR DIRTY.

PHOTO/VIDEO RELEASE

I _____ ("Student") grant permission to the company, its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video taken of me, or members of my family, minor or otherwise, for the purpose of publication, promotion, illustration, advertising, or trade in any manner or in any medium. I hereby release Great Things Adventures Inc., DBA Florida Dive Company and its legal representatives for all claims and liability relating to said images or videos. Furthermore, I grant permission to use my statements there were given during an interview or lecture, with or without my name, for advertising and publicity without restriction. I waive my right to any compensation. I decline to have my photo/video taken.

I UNDERSTAND AND AGREE TO ABIDE BY ALL THE ABOVE.

Student Name: _____ Signature: _____ Date: _____
Parent/Guardian Signature: _____ Minor Name: _____ Date: _____