



BUBBLEMAKER BOOKING FORM

Under 10's

One form per person, please print in CAPITAL letters
Please complete ALL areas that are in **RED**

Name (participant)

Name (parent or guardian)

Date

How did you hear about Scubaducks?

Date of Birth (participant)

Photography

We/parents/guardians or participants might take underwater photography and video on certain courses and experiences. **IF YOU DO NOT WANT YOUR CHILD PHOTOGRAPHED PLEASE ADVISE A MEMBER OF STAFF** & no photography equipment will be used. By signing this form you give your consent for photographic equipment to be used.

Data Protection

Your details will be held and used by PADI to administer your registration. We may pass on your data to any relevant regulator and, if you have given us your permission, your details may also be used by us and other carefully selected third parties for marketing purposes. If you do not wish PADI and / or third parties to contact you about other goods and services provided, please tick the relevant box.

- I do not wish PADI to contact me about other services they offer.
 I do not wish PADI to pass on my details to other parties.

I have read and understood the Data Protection statement

Signed _____ Date _____

Emergency Treatment Consent

I affirm I am the parent and/or legal guardian of (name of minor) _____ . As the parent/guardian, I hereby authorise all professional staff of Scubaducks Dive Centre Ltd and/or its agents, employees or assigns, to seek medical treatment for (name of minor) _____ , as a result of an accident or illness while under the supervision of all professional staff of Scubaducks Dive Centre Ltd.

I authorise the treatment of (name of minor) _____ , by a qualified & licensed physician in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Specific medical allergies, medicine being taken or other conditions physician should be aware of (if none please write NONE)

I have fully informed myself of the contents of this Form by reading it before signing it.

Parent / Guardian Name

Parent / Guardian Signature

Date _____
Day / Month / Year

Child Protection Act - Please read carefully and sign your acceptance below

Legal requirements state that no adult is allowed to touch in any physical way or form, any child under the age of 16.

By signing this form I / we understand that due to the nature of Scuba Diving it is essential for the staff of Scubaducks Dive Centre Ltd be allowed to help / assist my / our child named above, for safety reasons in the water. I / we understand that this assistance may involve physical contact and agree to allow this only when strictly necessary and appropriate.

I / we understand that as parent or guardian of the minor child we are responsible for my / our child's protection whilst participating in scuba activities. I / we agree to ensure that my / our child arrives safely at the pool and will attend the pool side at all times the child is in the water.

Pool Changing Rooms

The changing facilities, toilets, and showers on site are of a communal nature. I / we understand that Scubaducks Dive Centre Ltd staff are unable to accompany children in these areas and cannot be held responsible for their safety.

I / we understand that Scubaducks Dive Centre Ltd want my / our child to enjoy the experience as much as possible in a safe and responsible manner. I / we agree to abide by the above requirements and will take the necessary precautions to ensure the safety of my / our child. I / we also agree to discuss any doubts and concerns with Scubaducks Dive Centre Ltd staff.

By signing below I / we agree to the above in its entirety.

Parent / Guardian Name

Parent / Guardian Signature

Date _____
Day / Month / Year



BUBBLEMAKER STATEMENT

(PADI International Ltd)

Participant Record (Confidential Information)

Name _____
Mailing Address _____
City _____
State _____ Country _____ Zip/Postal Code _____
Home Phone (_____) _____ Work Phone (_____) _____
Birth Date _____ Age _____ Email _____

EMERGENCY CONTACT INFORMATION

Name _____
Home Phone (_____) _____ Work Phone (_____) _____

MEDICAL QUESTIONNAIRE

To the participant and parent: Please answer YES or NO to any of the following items to accurately reflect the participant's past medical history or present medical condition. A YES answer to any of these items requires that a participant obtain written medical approval **before** being allowed to participate in scuba diving activities. If this applies, please ask for a Medical Statement (#10063) to take to the physician.

- _____ I am currently suffering from a cold or congestion.
- _____ I have a history of respiratory problems or disease.
- _____ I have had asthma, emphysema or tuberculosis.
- _____ I currently have an ear infection.
- _____ I have recurrent ear problems, ear disease or surgery.
- _____ I have a history of sinus problems.
- _____ I have had problems equalizing (popping) my ears with airplane or mountain travel.
- _____ I am diabetic.
- _____ I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).
- _____ I have a history of seizures, dizziness or fainting.
- _____ I have a nervous system disorder.
- _____ I have behavioural health, mental or psychological disorders (panic attack, fear of closed or open spaces).
- _____ I have recurrent back problems, history of back or spinal surgery.
- _____ I am currently taking prescription medication that carries a warning about impairment of physical and mental abilities (with the exception of anti-malarial).
- _____ I have recently had an operation or illness.
- _____ I am under the care of a physician or have a chronic illness.

- continued overleaf -



BUBBLEMAKER STATEMENT

(PADI International Ltd)

BUBBLEMAKER STATEMENT OF RISKS AND LIABILITY

Please read carefully and fill in all blanks before signing.

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which your child participates in the diving programme at your child's own risk.

Your signature on this statement is required as proof that you and your child have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your child's instructor.

WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber and your child will be exposed to these risks. This programme may be conducted at a site which is remote, either by time or distance or both, from such a recompression chamber

Skin and scuba diving are physically strenuous activities and your child will be exerting themselves during this diving programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your child's medical history.

EXCLUSION OF LIABILITY

I understand and agree that neither the dive professionals conducting this programme, _____, nor the facility through which this programme is conducted, _____, nor PADI International Ltd., nor PADI Americas, Inc., nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") accept any responsibility for any death, injury or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, _____, the facility through which this programme is offered, _____, PADI International Ltd., PADI Americas, Inc., and all related entities and released parties as defined above, my participation in this diving programme is entirely at my own risk.

I acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

Participant Name (Please Print)

Participant Signature

Date (Day/Month/Year)

Signature of Parent/Guardian (where applicable)

Date (Day/Month/Year)